IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA, NORTHERN DIVISION

MICHAEL RONNIE BOISSONNEAU,	)	
	)	
Plaintiff,	)	
	)	
v.	)	**Case No.: 2:07cv914-MHT**
	)	
DAVID TIBBS, et al.,	)	
	)	
Defendants.	)	

AFFIDAVIT OF D. T. MARSHALL

Before me, a Notary Public, personally appeared D. T. Marshall and after being duly sworn, did say as follows:

1. My name is D. T. Marshall, and I am the Sheriff of Montgomery County, Alabama. The following affidavit is based on personal knowledge.

2. The total, daily operations of the jail are managed by the Director of the Detention Facility, employed by the Montgomery County Sheriff's Office.

3. I do not know inmate Michael Ronnie Boissonneau and I have never had any contact with him. I am not familiar with his medical condition or with the medical treatment he has received at the Montgomery County Detention Facility. The Montgomery County Detention Facility has contracted with an outside medical services company to provide medical services to inmates at the Montgomery County Detention Facility. It is the policy of the Montgomery County Detention Facility that every effort will be made on the part of facility personnel to ensure safe custody, decent living conditions and fair treatment for all inmates.

4. I have never denied medical treatment to inmate Michael Ronnie Boissonneau.

D T Marshall

D. T. Marshall
Sheriff, Montgomery County Alabama

STATE OF ALABAMA *
*
MONTGOMERY COUNTY *

I, Linette Barr, a Notary Public in and for said County, in said State, hereby certify that D. T. Marshall, whose name is signed to the foregoing report, and who is known to me, acknowledged before me on this day that, having read the contents of this document, he executed the same on the day the same bears date.

Given under my hand and official seal this 27th day of November, 2007.

Linette Barr
Notary Public
My commission expires 12-19-09

29386

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

MICHAEL RONNIE BOISSONNEAU	)	
	)	
Plaintiff,	)	
	)	
v.	)	**CIVIL ACTION NO. 2:07-CV-914-MHT**
	)	
DAVID TIBBS, et al.,	)	
	)	
Defendants.	)	

AFFIDAVIT OF GINA M. SAVAGE

Before me, a Notary Public, personally appeared Gina M. Savage and after being duly sworn, did say as follows

1. My name is Gina Savage. I am Director of the Montgomery County Detention Facility.

2. I have not violated the constitutional rights of Inmate Michael Ronnie Boissonneau.

3. Inmate Michael Ronnie Boissonneau, a pre trial detainee, was booked into the Montgomery County Detention Facility January 30, 2007, charged with Reckless Endangerment, Assault II and Resisting Arrest. Bond was fixed at $6,500.00. Charges of Escape I were added and his bond was increased to $7,500.00.

When Inmate Boissonneau was booked into the Facility at 1630 hours on January 30, 2007, the Lieutenant on duty was advised that Inmate Boissonneau had suffered injuries during his arrest and that he had been treated at Jackson Hospital Emergency Room. The arresting officer presented the medical discharge paperwork. The medical nurse on duty reported to

booking to examine Inmate Boissonneau. Her notes indicate that he suffered edema to bilateral eyes with 2 stitches above left eye. His face and nose were red with dried blood on his nose and checks. Edema was also noted on the left side of back with discoloration. His eyes and the left side of his body were tender to touch. After being examined, Inmate Boissonneau was placed in a holding cell. At approximately 2130 hours he was showered and dressed in facility clothing.

4. Inmate Boissonneau was seen by Dr. Nichols on January 30, 2007, and was prescribed Percogesic for rib fractures. He was transported to Baptist ER on February 4, 2007, for follow-up. Numerous lab tests were conducted and reviewed by medical personnel with normal results. On February 6, 2007, he was prescribed Doxycycline for bronchitis and continued on Coumadin, which he was taking prior to entering the facility.

Upon being booked into the facility, Inmate Boissonneau was housed in a first floor holding cell for medical observation. He was observed continuously by medical personnel and detention facility staff until February 12, 2007, when he was removed from the first floor holding cell and placed in general population.

He was seen by medical personnel on March 13, 2007. Inmate Boissonneau submitted sick call requests for miscellaneous medical complaints and was seen by medical personnel on May, 25, 2007, June 26, 2007, July 11, 2207, July 18, 2007, and July 30, 2007.

5. Inmate Boissonneau did not file a grievance or complaint regarding lack of medical treatment while incarcerated.

6. Inmate Boissonneau was released from the Montgomery County Detention Facility November 15, 2007. He was never denied medical treatment while incarcerated in the Montgomery County Detention Facility.

Gina M. Savage

Sworn to and subscribed before me this 26th day of November, 2007.

Notary Public
My Commission Expires September 13, 2010

MONTGOMERY COUNTY DETENTION FACILITY
INCIDENT REPORT

REPORT#: 01-30-07-002 **DATE OF REPORT:** 01-30-07

TIME OF REPORT: 2100 hours **LOCATION:** Booking

TYPE OF INCIDENT: Inmate enters Facility with Injuries **TIME:** 1830

REPORTED BY: Matthews E. Lieutenant

LAST NAME **FIRST NAME** **RANK** **ID#**

INMATES INVOLVED IN INCIDENT

NAME (LAST, FIRST)	RACE/ SEX	BOOKING #	CELL	WITNESS/VICTIM/OFFENDER (INDICATE ONE)
Boissonneau, Michael Ronnie	W/M	79628	1B-3	victim

INJURY TO VICTIM

EXTENT OF VICTIM INJURY: ( ) MINOR (X) SERIOUS ( ) FATAL

TYPE OF INJURY: See Nurse's Notes

VICTIM HOSPITALIZED: ( ) YES (X) NO

IF "YES" WHAT HOSPITAL:

MEDICAL ACTION

DESCRIBE MEDICAL ACTION: See Nurse's Notes

DETAILS OF INCIDENT

DESCRIBE INCIDENT IN DETAIL (WHO, WHAT, WHERE, WHEN, HOW, WHY, AND ACTION TAKEN BY OFFICER)

On January 30, 2007, at approximately 1630 hours, Corporal Clemens (M.C.S.O.)brought into the Detention Facility Inmate Boissonneau. The Arrestee was charged with the following, Reckless Endangerment, Assault and Resisting Arrest. Upon entry into the facility Corporal Clemens informed Lieutenant Matthews of Inmate Boissonneau's obvious injuries, as well as others unseen. Lieutenant Matthews immediately had Nurse Hill paged to report to Booking. Corporal Clemens further stated that Inmate Boissonneau had been treated at Jackson Hospital Emergency Room and he had the medical paperwork (discharge) in hand. Nurse Hill reported to the area, checked Inmate Boissonneau and took possession of the paperwork (see Nurse's Notes). Inmate Boissonneau was placed in cell 1B-3 by Sergeant Williams until he could be processed. It was later reported to Lieutenant Garner by Dispatch Dees that Inmate Boissonneau's injuries were received during an altercation with several construction workers. District Attorney Investigator D.Tibbs was making a lawful arrest when Inmate Boissonneau recklessly engaged in conduct by attacking him physically. As a result of the attack on Investigator Tibbs , the civilians rendered assistance. At approximately 2130 hours, Inmate Boissonneau was showered , dressed out in facility clothing and photos were taken by Corporal Franklin.

REPORT# 01-30-07-002

By signing below I concur with the content of the report.

Report prepared by: _____ **Date:** _____

Supervisor Signature: _____ **Date:** 1-30-07

By signing below I concur with the content of the report.

Responding Officers:

Sgt. [illegible] _____ **Date:** 1-30-07

Cpl. [illegible] _____ **Date:** 1-30-07

[illegible] _____ **Date:** 1-30-07

_____ **Date:** _____

_____ **Date:** _____

By signing below I concur with the content of the report.

Medical Staff:

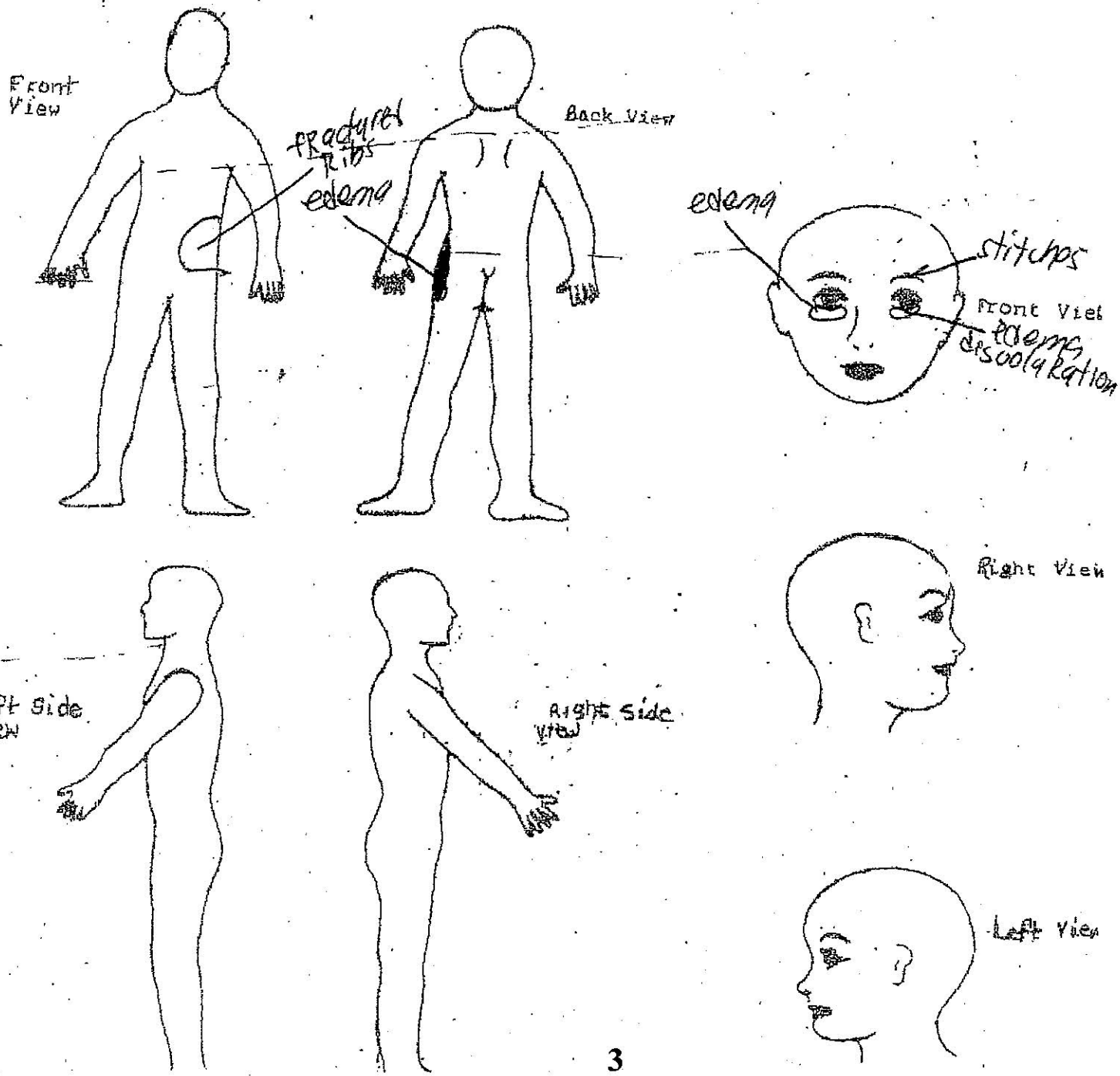
_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

Montgomery County Jail
Inmate Body Chart

Inmate Name: Boissoneau Michael Nurse Name: Linda F Hill
I/M SS#: 262-94-1299 Today's Date: 1-30-07
I/M's DOB: 10-26-1959 I/M's Allergies: Codeine



Date/Time	Inmate's Name: Scoggins, Michael D.O.B.: 10-06-59 S.S.# 261-49-1249
1/30/07 1835	Nurse called to Infirmary, I/M noted to have edema to left eye c 2 stitches above (L) eye. Dried blood noted on nose & cheeks of face & nose gel. Edema noted to (L) side back & L shoulder noted. Eyes & (L) side of body tender to touch.

MONTGOMERY COUNTY DETENTION FACILITY

Inmate Clothing Inventory

Inmate Name Boissonneau, Michael Booking No._____
Date: 1/30/07 Time: 21:20 (AM) (PM)
Inital Intake

	Color	Type or Brand	Condition
(✓) Shoes:			
( ) Belt:			
( ) Hat or Cap:			
(✓) Jacket:	Blk.	St. Johns Bay	Worn

Inmate's Signature: Michael Boissonneau Date: 1/30/07

Officer's Signature Cpl. J. Franklin Date 1/30/07

Completion Intake:

	Color	Type or Brand	Condition
(✓) Shirt/Blouse:	Blue/white	Classics	Dirty (Bloody)
(✓) Pants/Skirt:	Tan	FAMAH Quick Silver	Dirty
( ) Socks			
(✓) Other	Blue	shirt - Champ	Fair
	Grey	short - Quick Silver	Fair

Locker Number 223 DH

Extra property to be picked up by a friend or relative within 7 days. If not picked up, extra property WILL BE DESTROYED.

Inmate's Signature: Michael Boissonneau Date: 1/30/7

Officer's Signature Cpl. J. Franklin Date 1/30/07

Supervisor's Signature Sgt [illegible] Date 1-30-07

RECORD OF COUNTY PROPERTY

DATE 1/30/07

INMATE NAME: Boissoneau, Michael BOOKING #

Number of Items to be Issued:

( )2 Pants
( )2 Shirts
or
( )2 Jumpsuits
(1 Mattress
(2 Sheets
(1 or 2 Blankets
(1 Towel
( ) 1 Face Towel
(1 Laundry Bag (No. 35)

Officer: Cpl. L. Franklin Inmate: Michael Boissoneau

Number of Items to be Turned In:

( )2 Pants
( )2 Shirts
or
( ) 2 Jumpsuits
( ) 1 Mattress
( )2 Sheets
( ) 1 or 2 Blankets
( ) 1 Towel
( ) 1 Face Towel
( ) 1 Laundry Bag (No. ___)

Officer: _____ Inmate: _____

ALABAMA UNIFORM ARREST RE PORT

Fingerprinted	R84 Completed
[1] Yes	[1] Yes
[2] No	[2] No

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

IDENTIFICATION

1 ORI #: 0,0,3,0,0,0,0 | 2 AGENCY NAME: Montgomery County Sheriff's Office | 3 CASE #: 0,7,0,0,0,1,0,8,1 | 4 SFX:

5 LAST, FIRST, MIDDLE NAME: Boissonneau, Michael Ronnie | 6 ALIAS AKA:

7 SEX: [X] M [2] F | 8 RACE: [X] W [3] A [2] B [4] I | 9 HGT.: 5'10 | 10 WGT.: 200 | 11 EYE: BRO | 12 HAIR: BRO | 13 SKIN: | 14: [1] SCARS [2] MARKS [3] TATOOS [4] AMPUTATIONS

15 PLACE OF BIRTH (CITY, COUNTY, STATE): Portland, Maine | 16 SSN: 267-49-1129 | 17 DATE OF BIRTH: M 10 D 26 Y 79 | 18 AGE: 47 | 19 MISCELLANEOUS ID #: I605311

20 SID #: | 21 FINGERPRINT CLASS: KEY MAJOR PRIMARY SCDV SUB-SECONDARY FINAL | HENRY CLASS | NCIC CLASS | 22 DL #: | 23 ST: AL

24 FBI #: | 25 IDENTIFICATION COMMENTS:

26 [X] RESIDENT [2] NON-RESIDENT | 27 HOME ADDRESS (STREET, CITY, STATE, ZIP): 3000 Lower Lectumpka Montgomery, AL | 28 RESIDENCE PHONE: ( ) | 29 OCCUPATION (BE SPECIFIC): Auto Body Repair

30 EMPLOYER (NAME OF COMPANY/SCHOOL): Self-Employed | 31 BUSINESS ADDRESS (STREET, CITY, STATE, ZIP): 3000 Lowerlectumpka Rd Montg, AL | 32 BUSINESS PHONE: ( )

ARREST

33 LOCATION OF ARREST (STREET, CITY, STATE, ZIP): Jackson Hospital | 34 SECTOR #: C I 7 Y | 35 ARRESTED FOR YOUR JURISDICTION? [X] YES [ ] NO [X] IN STATE [2] OUT STATE AGENCY

36 CONDITION OF ARRESTEE: [1] DRUNK [3] SOBER [X] DRINKING [4] DRUGS | 37 RESIST ARREST? [X] YES [2] NO | 38 INJURIES? [1] NONE [X] OFFICER [X] ARRESTEE | 39 ARMED? [1] Y [X] N | 40 DESCRIPTION OF WEAPON: [1] HANDGUN [2] RIFLE [3] SHOTGUN [4] OTHER FIREARM [5] OTHER WEAPON

41 DATE OF ARREST: M 01 D 30 Y 07 | 42 TIME OF ARREST: 15:45 [1] 1. AM [X] MIL. [2] 2. PM | 43 DAY OF ARREST: [S 1] [M 2] [T] [W 4] [T 5] [F 6] [S 7] | 44 TYPE ARREST: [1] ON VIEW [X] CALL [X] WARRANT | 45 ARRESTED BEFORE? [X] YES [2] NO [3] UNKNOWN

46 CHARGE—1 [1] FEL [2] MISD: Assault II | 47 UCR CODE: | 48 CHARGE—2 [1] FEL [X] MISD: Reckless Endangerment | 49 UCR CODE:

50 STATE CODE/LOCAL ORDINANCE: | 51 WARRANT #: Wr. 200786.00 | 52 DATE ISSUED: M 01 D 30 Y 07 | 53 STATE CODE/LOCAL ORDINANCE: | 54 WARRANT #: Wr. 2007 87.00 | 55 DATE ISSUED: M 01 D 30 Y 07

56 CHARGE—3 [1] FEL [X] MISD: Resisting Arrest | 57 UCR CODE: | 58 CHARGE—4 [1] FEL [2] MISD: | 59 UCR CODE:

60 STATE CODE/LOCAL ORDINANCE: | 61 WARRANT #: Wr. 2007 88.00 | 62 DATE ISSUED: M 01 D 30 Y 07 | 63 STATE CODE/LOCAL ORDINANCE: | 64 WARRANT #: | 65 DATE ISSUED: M D Y

66 ARREST DISPOSITION: [1] HELD [2] BAIL [3] RELEASED [4] TOT—LE [5] OTHER | 67 IF OUT ON RELEASE WHAT TYPE? | 68 ARRESTED WITH (1) ACCOMPLICE (FULL NAME) | 69 ARRESTED WITH (2) ACCOMPLICE (FULL NAME)

VEHICLE

70 VYR | 71 VMA | 72 VMO | 73 VST | 74 VCO TOP BOTTOM | 75 TAG # | 76 LIS | 77 LIY

78 VIN | 79 IMPOUNDED? [1] YES [2] NO | 80 STORAGE LOCATION/IMPOUND #

81 OTHER EVIDENCE SEIZED/PROPERTY SEIZED

JUVENILE

82 JUVENILE DISPOSITION: [1] HANDLED AND RELEASED [2] REF. TO JUVENILE COURT [3] REF. TO WELFARE AGENCY [4] REF. TO OTHER POLICE AGENCY [5] REF. TO ADULT COURT | [ ] CONTINUED IN NARRATIVE | 83 RELEASED TO

84 PARENT OR GUARDIAN (LAST, FIRST, MIDDLE NAME) | 85 ADDRESS (STREET, CITY, STATE, ZIP) | 86 PHONE ( )

87 PARENTS EMPLOYER | 88 OCCUPATION | 89 ADDRESS (STREET, CITY, STATE, ZIP) | 90 PHONE ( )

RELEASE

91 DATE AND TIME OF RELEASE: M D Y : [1] AM [3] MIL. [2] PM | 92 RELEASING OFFICER NAME | 93 AGENCY/DIVISION | 94 ID #

95 RELEASED TO: | 96 AGENCY/DIVISION | 97 AGENCY ADDRESS

98 PERSONAL PROPERTY RELEASED TO ARRESTEE [1] YES [2] NO [3] PARTIAL | 99 PROPERTY NOT RELEASED/HELD AT: | 100 PROPERTY #

101 REMARKS (NOTE ANY INJURIES AT TIME OF RELEASE): Fractured Rib, Laceration To Forehead. Treated At Jackson E.R. Lt. Mathews And Nurse Hill Notified At MEDF.

102 SIGNATURE OF RECEIVING OFFICER | 103 SIGNATURE OF RELEASING OFFICER | LOCAL USE | STATE USE

MULTIPLE CASES CLOSED | 104 CASE # | 105 SFX | 106 CASE # | 107 SFX | 108 CASE # | 109 SFX | 110 ADDITIONAL CASES CLOSED NARRATIVE [ ] Y [ ] N

111 ARRESTING OFFICER (LAST, FIRST, M.): Clemens, T | 112 ID #: 80330 | 113 ARRESTING OFFICER (LAST, FIRST, M.) | 114 ID # | 115 SUPERVISOR ID # | 116 WATCH CMDR. ID #

TYPE OR PRINT IN BLACK INK ONLY

ACJIC—34 REV. 10-90

79628

MEDICAL OBSERVATION LOG

DATE: 2-08-07

INMATE NAME: Michael Boissonneau

BOOKING #: 79628

AUTHORIZED BY:

REASON: Medical Observation

CELL: IC-5

TIME INMATE OBSERVED		OFFICER INITIAL
2155	0418- EM	TMC
2210	0433 EM	TMC
20	0448 KD	EM
35	0506 EM	EM
55	0519 EM	PT
2306	0530 PT	PT
20		PT
35		AM
48		AM
0004		ATM
15		CW
35		BT
55		PB
0108		BT
22		EP
38		PB
53		WCW
0209		MA
16		MA
30		AM
45		EM
0300		EM
17		KD
33		ATM
48		KD
0403		KD

MEDICAL OBSERVATION LOG

DATE: 02/08/07

INMATE NAME: Boissonneau, Michael

BOOKING #: 79628

AUTHORIZED BY:

REASON: Medical observation

CELL: IC-5

TIME INMATE OBSERVED	OFFICER INITIAL
6:01	MCO
6:32	S.S.
7:50	MCO/went to court
11:35	MCO/Ret. from Court
12:30	MCO
13:42	MT
1400	SA
1513	GW
1602	RB
1700	RB
1819	GT
1917	GW
2004	GW
2044	CP
2128	GW

File

MEDICAL OBSERVATION LOG

DATE: 2-8-07

INMATE NAME: Michael Boissonneau

BOOKING #: 79628

AUTHORIZED BY:

REASON: Medical Observation

CELL: 1-C-5

TIME INMATE OBSERVED	OFFICER INITIAL
2:00	Cpl. Ibidapo
44	Sgt. Roberson
50	Ofc. Smith
8:02	Cpl. Rodgers
40	" "
9:17	" "
30	M. Findley
10:20	Cpl. Rodgers
57	M. Findley

MEDICAL OBSERVATION LOG

DATE: 2/07/07

INMATE NAME: Boissonneau, Michael

BOOKING #: 79628

AUTHORIZED BY: G. Cobb

REASON: Medical Observation

CELL: IC5

TIME INMATE OBSERVED		OFFICER INITIAL	
1410	15	DW	CP
29	30	DF	KB
45	45	DF	TF
300	900	JD	JD
15	15	JD	JD
30	30	JD	JD
45	45	JD	JD
400	DW		
15	DF		
30	DW		
45	DF		
500	DW		
15	DW		
30	TG		
45	TG		
600	TF		
15	CP		
30	CP		
45	CP		
700	JD		
15	JD		
30	CP		
45	JD		
800	JD		
2200		DN	
40		WEW	
2303		CW	
36		WW	
0009		WEW	
0049		EM	
0116		SW	
55		WEW	
0234		CW	
0317		WEW	
38		TW	
52		CW	
0400		CW	
15		WEW	
30		TW	
45		WEW	
0500		AM	
15		AM	
30		EW	
45		WW	
0600		DN	

MEDICAL OBSERVATION LOG

DATE: 2/6/07

INMATE NAME: Michael Boissoneau

BOOKING #: 79628

AUTHORIZED BY: B. Cobb

REASON: altercation, on coumiden

CELL: 1C-5

TIME INMATE OBSERVED	OFFICER INITIAL
1355	LJ
1440	RH
1515	MT
1600	RB
1647	RH
1712	JJ
1740 (visit w/ Dr. Nicolas)	MT
1820	RH
1905	JJ
1950	JJ
2030	MT
2115	RH
2145	JJ

MEDICAL OBSERVATION LOG

DATE: 2-06-07

INMATE NAME: Michael Boissonneau

BOOKING #: 79628

AUTHORIZED BY: G. Cobb

REASON: Medical observation

CELL: 1C-5

TIME INMATE OBSERVED		OFFICER INITIAL
2200	0415 - AS	TMC
14	30 - DN	AS
32	45 - SAW	SAW
47	0500 - EP	SAW
2300	15 - SAW	AS
12	30 - SAW	SAW
39	45 - SAW	EP
48	0600 - SAW	JS
0005		AS
21		DN
38		EP
48		ACL
0119		ACL
31		PT
47		WEW
0202		PT
15		WEW
30		SAW
45		AS
0308		EP
21		EP
30		AMM
45		AS
0400		EP

MEDICAL OBSERVATION LOG

DATE: 2-6-07

INMATE NAME: Michael Boissoneau

BOOKING #: 79628

AUTHORIZED BY: Dail Cabaniss M.A.

REASON: Altercation, on

CELL: 1C5

TIME INMATE OBSERVED		OFFICER INITIAL	
0645	1200	JMR	DB
0615	12:15	AM	DB
0630	12:30	SS	PP
0645	12:45	AM	PP
0700	1300	SS	DB
0715	1315	SS	WF
0730	1330	LS	JR
0745	1343	WF	JR
0800		LJ	
0815		SS	
0830		SS	
0845		DB	
0900		WF	
0915		WF	
0930		DB	
0945		RH	
1000		SS	
1015		SS	
1030		SS	
1045		SS	
1100		SS	
1115		SS	
1130		DB	
1145		SS	

MEDICAL OBSERVATION LOG

DATE: 2-5-07

INMATE NAME: Michael Boissonneau

BOOKING #: 79628

AUTHORIZED BY: Dail Cobb M-1A.

REASON: Altercation, on coumiden.

CELL: 1C5

TIME INMATE OBSERVED	OFFICER INITIAL
1455	TM
1535	SA
1615	SA
1704	SM
1743	CD
1826	MT
1900	MT
1955	SM
2028	DL
2100	SA
2148	CD
2200	DA
2251	ACL
2325	BT
0015	TC
0040	EP
0140	WW
0214	JS
0313	ACL
0339	CC
0411	ACL
0446	JS
0517	ACL
0600	RM

Faxed 2/6/07 aj

SOUTHERN HEALTH PARTNERS
Corporate Office: 3712 Ringgold Rd., #364 Chattanooga, TN 37412
Corporate Phone: 423•553•5635 Corporate Fax 423-553-5645

phone 286-2957

FAX TRANSMITTAL

Confidential Transmission by SHP

FAX TO: Baptist South Fax # 286-3343

FROM: Montgomery County Jail Medical Unit

From Site Name: Montgomery City/State Alabama

From Site Phone # 832-25-42 From Site Fax # 832-7768

DATE: 2/6/07 PAGES: 2, includes cover page
(if you have not received all of the pages, please contact me immediately)

☐ For Your Information ☒ Needs Immediate Response/Action ☐ Please call me

Message(s): Ref: Michael Boissoneau
Please, send lab reports, X-rays reports etc. Diagnosis + Dr. Assessment from recent ER/ hospital adm of 2/4/07.
Thank you,
A. Goodson, RN

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited.

SOUTHERN HEALTH PARTNERS

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO CORRECTIONAL FACILITY

To: Baptist South

I hereby authorize any hospital, clinic, physician's office, and/or health agency to provide any information they may have acquired while attending me for a medical, dental, or psychiatric problem to Southern Health Partners, Inc. who is the medical care provider of this Correctional Facility. Such information may include the following items:

Summary of positive findings, most recent history, physical exam including any diagnostic tests; Medical/dental/psychiatric/psychological diagnosis and treatment regimen when last treated; Hospital discharge summary for any/all hospitalization(s); Laboratory and/or Special Study Reports; Any other medical/dental/psychiatric services I may have previously had, currently seeking, or future treatment plans; Other Records: _____

I understand my records are protected under state and/or federal privacy laws and cannot be disclosed to any other outside party without my written consent unless otherwise provided for by state or federal law. Records received will be kept within the patient's medical file within the correctional medical unit and be used in the on-going provision of health care services.

I release responsibility and/or liability from the correctional facility for the release of the above requested medical file information to the medical unit to the extent indicated and authorized.

Please send requested documents to the following address: ATTN: MEDICAL UNIT/SOUTHERN HEALTH PARTNERS

County Name: Montgomery COUNTY JAIL

Street Address: 250 South McDonough St

City/State/Zip: Montgomery, AL Fax: 832-7768 (832-7768)

Patient Name: Michael Bousoneau Birth Date: 10/26/59

Social Security Number: 247-49-1899 Dates of Service(s): 2/4/07 until 2/5/07

Inmate's Signature: Michael Bousoneau Date: 2/6/07

Witness: A. Robinson, RN Date: 2/6/07

Final Privacy Rule (page 82540, HIPAA) states while individuals are in a correctional facility or in the lawful custody of a law enforcement official, covered entities (i.e. jail medical units) can use, request or disclose protected health information about these individuals without authorization to the correctional facility having custody as necessary for: the provision of health care to such individuals; for the health and safety of such individuals and other inmates; and the health and safety of the officers of employees of or other as the correctional institution. Covered entities are allowed to disclose protected health information about these individuals if the correctional institution represents that the protected health information is necessary for these purposes.

B0703500227 BOISSONNEAU,MICHAEL R
DOB: 10/26/59 Age:47Y MR #:273758
Admit Date/Time: 02/04/07 1323P
911 MOOREHOUSE,JOHN D

Baptist HEALTH

HOME MEDICATION RECORD/ORDER SHEET

DATE :	Information Provided by:	☐ No Home Medications	Allergies:
TIME:	Patient	Height:	
	Other:	Weight:	

Reconcile all home medications upon admission, transfer and discharge

LIST ALL PRESCRIPTION AND NON-PRESCRIPTION (*Over the counter*)* MEDICATIONS BELOW:

* The following list is provided by the patient and/or the patient's family or caregiver based upon their best information and belief.

	LIST ALL MEDICATIONS BY DRUG NAME, DOSE, QUANTITY, FREQUENCY AND LAST DOSE TAKEN	Dose	Route	Frequency	TIME LAST DOSE	ON ADMIT ORDER ✔	PHYSICIAN ORDER Continue: Yes	PHYSICIAN ORDER Continue: No	DISCHARGE MEDICATIONS TO CONTINUE Yes	DISCHARGE MEDICATIONS TO CONTINUE No
1.										
2.	NKA									
3.										
4.										
5.	Coumadin - does not take									
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										

DISPOSITION OF MEDICATIONS ☐ Sent home with family member (Name:_____)
☐ Left with patient ☐ Secured in Medication Room, Patient Label Attached

Admission Nurse:_____ **Discharge Nurse:**_____

Verbal Order - Doctor_____ / Read Back _____RN/LPN Date:_____Time:_____
OR
Physician Signature:_____ Date:_____ Time:_____

Patient Signature of receipt of home medication list:_____ Date/Time:_____

**Resume your home medications as reported on your Home Medications Record Sheet, attached here to. Do not take any non-listed medications without first checking with your physician.

PH 350

White Copy - Medical Record Yellow Copy - Patient Form # PH 350RG Revised 09/30/04

80703500227 BOISSONNEAU,MICHAEL R
DOB: 10/26/59 Age:47Y MR #:273753
Admit Date/Time: 02/04/07 1323P
911 MOOREHOUSE,JOHN D
Patient Information

Baptist HEALTH

HOME MEDICATION RECORD/ORDER SHEET

DATE :	Information Provided by:	☐ No Home Medications	Allergies:
TIME:	Patient	Height:	
	Other:	Weight:	

Reconcile all home medications upon admission, transfer and discharge

LIST ALL PRESCRIPTION AND NON-PRESCRIPTION (*Over the counter*)* MEDICATIONS BELOW:

*The following list is provided by the patient and/or the patient's family or caregiver based upon their best information and belief.

LIST ALL MEDICATIONS BY DRUG NAME, DOSE, QUANTITY, FREQUENCY AND LAST DOSE TAKEN

	MEDICATION NAME	Dose	Route	Frequency	TIME LAST DOSE	ON ADMIT ORDER	PHYSICIAN ORDER Continue: Yes	PHYSICIAN ORDER Continue: No	DISCHARGE MEDICATIONS TO CONTINUE: Yes	DISCHARGE MEDICATIONS TO CONTINUE: No
1.	NKA									
2.										
3.										
4.										
5.	Coumadin - does not take									
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										

DISPOSITION OF MEDICATIONS ☐ Sent home with family member (Name: _____)
☐ Left with patient ☐ Secured in Medication Room, Patient Label Attached

Admission Nurse: _____ **Discharge Nurse:** _____

Verbal Order - Doctor _____ / Read Back _____ RN/LPN Date: _____ Time: _____
OR
Physician Signature: _____ Date: _____ Time: _____

Patient Signature of receipt of home medication list: _____ Date/Time: _____

**Resume your home medications as reported on your Home Medications Record Sheet, attached here to. Do not take any non-listed medications without first checking with your physician.

PH 350 White Copy - Medical Record Yellow Copy - Patient Form # PH 35089 Revised 09/20/06

SOUTHERN HEALTH PARTNERS

Corporate Office: 3712 Ringgold Rd., #364 Chattanooga, TN 37412
Corporate Phone: 423•553•5635 Corporate Fax 423-553-5645

phone 286-2957

FAX TRANSMITTAL

Confidential Transmission by SHP

FAX TO: Baptist South Fax # 286-3343

FROM: Montgomery County Jail Medical Unit

From Site Name: Montgomery City/State Alabama

From Site Phone # 832-25-42 From Site Fax # 832-7768

DATE: 2/6/07 PAGES: 2 includes cover page
(if you have not received all of the pages, please contact me immediately)

☐ For Your Information ☒ Needs Immediate Response/Action ☐ Please call me

Ref: Michael Boissoneau

Message(s): Please, send lab reports, X-rays reports etc. Diagnosis + Dr. Assessment from recent ER/ Hospital adm of 2/4/07.

Thank you,

A. Goodson, RN

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited.

%

B0703500227 BOISSONNEAU,MICHAEL R
DOB: 10/26/59 Age:47Y MR #:273758
Expected Date/Time of Admit:
911 MOOREHOUSE,JOHN D
Patient Information

Baptist Health

AERAS PHYSICIAN ORDER SHEET

Date/Time	TEST	SYMPTOMS		
		LABORATORY		
	☐ 911 Trauma Panel	CBC Comprehensive Metabolic Troponin	Alcohol Urinalysis Pregnancy Test	PT PTT Type & Cross 2 Units – OR - O-Negative Emergency Release
	☐ 922 Trauma Panel	CBC Comprehensive Metabolic Troponin	Alcohol Urinalysis Pregnancy Test	PT PTT Type & Screen
	☐ 933 Trauma Panel	CBC Basic Metabolic Urinalysis	Pregnancy Test	
	☐ ABG	☐ Acute Asthma ☐ Acidosis ☐ Alkalosis ☐ Burns to Face ☐ Cardiopulmonary Arrest ☐ CHF	☐ COPD ☐ Dyspnea (unexplained) ☐ Hypoventilation ☐ Morbid Obesity ☐ Multiple Trauma ☐ Noxious Gas Inhalation	☐ Pleural Effusion ☐ Pneumonia ☐ Pneumothorax ☐ Pulmonary Embolus ☐ Respiratory Distress ☐ Other _____
	☐ AccuChek	☐ Decreased LOC ☐ Hx of Diabetes/Hypoglycemia		☐ Other
	☐ Amylase ☐ Lipase	☐ Abdominal Pain ☐ Diabetes ☐ Nausea/Vomiting	☐ Other	
	☐ BMP Basic Metabolic Panel	☐ Complications Related to ☐ Pregnancy ☐ Diabetes Complications ☐ Dizziness/Giddiness ☐ Drowsiness	☐ Edema ☐ Febrile Convulsions ☐ Glomerulonephritis ☐ Hypertensive Disease	☐ Hypoglycemia ☐ Long-term use of Medications ☐ Seizure (convulsion) ☐ Other _____
	☑ CMP Comprehensive Metabolic	☐ Acidosis ☐ Alkalosis ☐ CHF ☐ Coma ☐ Diabetes ☐ Diarrhea	☐ Dehydration ☐ Dizziness ☐ Drowsiness ☐ Edema/Ascites ☐ Hypertension ☐ Long-term Medication(s)	☐ Malnutrition ☐ Nausea/vomiting ☐ Pulmonary Edema ☐ Seizure ☐ Other _____
	☐ BNP	☐ Congestive Heart Failure ☐ Edema/Lower Extremities	☐ Pulmonary Edema ☐ SOB	☐ Other
	☑ CBC	☐ Abdominal Pain ☐ Abnormal Bleeding ☐ Blood Loss – Hemorrhage ☐ Chills ☐ Epistaxis ☐ Fatigue/Malaise ☐ Flank Pain	☐ Infection ☐ Hemoptysis ☐ High Risk Medication(s) ☐ Lethargy ☐ Long-term Medications ☐ Lymphadenopathy ☐ Malnutrition	☐ Pallor ☐ Postural Dizziness ☐ Short of Breath – Apnea ☐ Splenomegaly ☐ Weakness ☐ Weight Loss ☐ Other _____
	☑ D-Dimer	☐ Erythema ☐ Lower Extremity Pain	☐ Swelling ☐ Tenderness	☐ Other
	☐ Digoxin	☐ Arrhythmia (A-Fib/A-Flutter/Abberancy) ☐ Concomitant Use of Interacting Drug ☐ CHF	☐ Digoxin Toxicity ☐ Anorexia ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Abdominal Pain ☐ Headache	☐ High Risk Patient ☐ Long-term Medication(s) ☐ Other _____
	☑ Magnesium	☐ Abnormal Weight Loss ☐ Arrhythmia(s) ☐ Chronic Alcoholism ☐ Coma ☐ Convulsion ☐ Diabetic Acidosis ☐ Diuretic Therapy	☐ Drowsiness ☐ Drug Abuse ☐ Fatigue/Malaise ☐ Hypocalcemia ☐ Hypokalemia ☐ Long-term Medication(s) ☐ Muscular Paralysis	☐ Pre-eclampsia ☐ Shock ☐ Syncope ☐ Tetany ☐ Tremor ☐ Other _____
	☑ PT-INR ☑ PTT	☐ Acute MI ☐ Acute Pancreatitis ☐ A-Fib/A-Flutter ☐ Anemia	☐ Epistaxis ☐ GI Bleeding ☐ Hematuria ☐ Hemorrhage	☐ Long-term Antibiotics ☐ Poisoning by Anticoagulant ☐ Unstable Angina ☐ Vitamin K Deficiency

Patient Information

Baptist HEALTH

AERAS PHYSICIAN ORDER SHEET

Date/Time	TEST	SYMPTOMS		
	LABORATORY			
	☐ Troponin I	☐ Abnormal Electrocardiogram ☐ ACS (Angina, Acute MI) ☐ Apnea/SOB/Wheezing	☐ Arrhythmia/Tachycardia ☐ Chest Pain ☐ Injury to Thorax, Abdomen, Pelvis	☐ Respiratory Distress ☐ Insufficiency ☐ Other _____
	☐ Urinalysis ☐ Clean Catch ☐ Cath	☐ Abdominal Pain ☐ Diabetes ☐ Dysuria ☐ Edema ☐ Fever	☐ Flank Pain ☐ Hematuria ☐ Hesitancy ☐ Hypertension ☐ Known Kidney Disease	☐ Long-term Medications ☐ Nocturia ☐ Pelvic Pain ☐ Trauma to Kidney/Urinary Tract ☐ Other _____
	☐ Foley Catheter	Record Output		
	☐ Blood Cultures	X's___	☐ Fever	☐ Other
	☐ Hemoccult ☐ Gastroccult	Other		
	☐ GC Chlamydia ☐ Wet Prep	☐ Herpes	Other	Other
	☐ Urine Pregnancy ☐ Serum Pregnancy	☐ Qualitative ☐ Quantitative		
	☐ ETOH Level	☐ Urine Drug Screen ☐ Serum Drug Screen	☐ Other Drug Level(s) _____	
	☐ Other Lab Tests	☐	☐	☐
	☐ Type (Rh) ☐ Type & Screen ☐ Type & Cross	X's___Units	☐ Other Blood Products _____	
	RADIOLOGY			
	X-ray ☐ C-Spine ☐ T-Spine ☐ L-Spine	☐ Deformity ☐ New Injury ☐ Old Injury ☐ Pain	☐ Trauma ☐ Other	
	X-ray ☐ Chest ☐ Portable ☐ Standing PA/L	☐ Abnormal Sputum ☐ Abnormal Weight Loss ☐ Abnormal X-ray ☐ Chest Pain ☐ Clubbing of Fingers	☐ Coma ☐ Cough ☐ Cyanosis ☐ Fever ☐ Hemoptysis	☐ Palpitations ☐ Respiratory Infection ☐ Respiratory Distress ☐ Shock ☐ Other _____
	X-ray ☐ Abdominal Series ☐ KUB	☐ Abdominal Pain ☐ Abdominal Rigidity ☐ Abdominal Swelling ☐ Abdominal Tenderness ☐ Aneurysm ☐ Ascites	☐ Blunt/Penetrating Trauma ☐ Edema ☐ Extravasation of Urine ☐ Fever ☐ Hepatomegaly/Splenomegaly ☐ Injury to Blood Vessels	☐ Infection, Post Op ☐ Internal Injury (Thorax) ☐ Abdomen & Pelvis) ☐ Liver Disease ☐ Renal Colic ☐ Other _____
	X-ray Upper Extremity ☐ R ☐ L	☐ Deformity ☐ New Injury ☐ Old Injury ☐ Pain	☐ Trauma ☐ Other	
	X-ray Lower Extremity ☐ R ☐ L	☐ Deformity ☐ New Injury ☐ Old Injury ☐ Pain	☐ Trauma ☐ Other	
	☐ VQ Scan	☐ Chest Pain	☐ SOB	☐ Other
	CT Head/Brain ☐ Without Contrast ☐ With & Without	☐ Closed Head Injury (Concussion) ☐ CVA/TIA ☐ Delirium/Dementia ☐ Headache (excluding _Migraine)	☐ Occlusion of Artery ☐ Penetrating Trauma ☐ Seizure ☐ Sinusitis (chronic) ☐ Stroke	☐ Subarachnoid – Intracerebral Hemorrhage ☐ Suspected Metastasis ☐ Syncope/Collapse ☐ Other

Patient Information

Baptist HEALTH

AERAS PHYSICIAN ORDER SHEET

Date/Time	TEST	SYMPTOMS		
RADIOLOGY				
	☐ CT ☐ C-Spine ☐ T-Spine ☐ L-Spine	☐ Abnormal gait ☐ Abnormal involuntary movement ☐ Lack of Coordination ☐ Osteomyelitis	☐ Meningitis ☐ Neoplasm ☐ Pain ☐ Spina bifida ☐ Transient paralysis limb	Injuries related to☐ MVC ☐ GSW ☐ Stabbing ☐ Other
	☐ CT AngioChest ☐ With IV Only	☐ Chest Pain ☐ Hemoptysis ☐ SOB	☐ Tachypnea ☐ Other	
	☐ CT Pelvis Abdomen ☐ Without Contrast ☐ Oral Contrast ☐ IV Contrast ☐ Rectal Contrast ☐ Stone Search ☐ Appendicitis Protocol ☐ Diverticulitis Protocol	☐ Abdominal Pain ☐ Abdominal Rigidity ☐ Abdominal Swelling ☐ Abdominal Tenderness ☐ Aneurysm ☐ Ascites ☐ Blunt/Penetrating Trauma ☐ Edema ☐ Extravasation of Urine ☐ Fever ☐ Hepatomegaly/Splenomegaly	☐ Injury to Blood Vessels ☐ Infection, Post Op ☐ Internal Injury (Thorax, ☐ Abdomen & Pelvis) ☐ Liver Disease ☐ Renal Colic	☐ Other _____
	☐ CT Other			
	☐ MRI of			
	☐ Ultrasound ☐ Complete Abdomen ☐ RUQ(GB)_____ ☐ Pelvic _____ ☐ Obstetrical ____	☐ Abdominal Pain ☐ Abdominal Tenderness ☐ Abnormal X-ray ☐ Ascites ☐ Abdominal Swelling ☐ Abdominal Mass	☐ Colic ☐ Flank Mass ☐ Flank Pain ☐ Flank Tenderness ☐ Hepatomegaly/Splenomegaly	☐ Pelvic Pain ☐ Pelvic Mass ☐ Pelvic Tenderness ☐ Spleen Mass ☐ Other _____
	☐ Doppler Series	☐ Erythema ☐ Lower Extremity Pain	☐ Swelling ☐ Tenderness	☐ Other
CARDIOLOGY				
	☐ BP Both Arms			
	☐ Orthostatic VS			
	☐ Cardiac Monitor			
	☑ EKG			
	☐ Repeat EKG			
	☐ ECHO			
	☐ Cath Lab			
RESPIRATORY				
	☐ Pulse Oximetry			
	☐ Oxygen ___L/min	☐ Cannula ☐ Non-Rebreather Mask	☐ Non-Simple Mask	
	☐ Nebulizer	☐ Peak Flow ☐ DuoNeb	☐ Albuterol ☐ Atrovent	☐ Xopenex ☐ Other
	☐ Inhaler with space teaching			
	☐ C-PAP ☐ Bi-PAP	☐ Vent Settings		
	☐ Central Line			
	☐ Chest Tube	☐ Right ☐ Left		

B0703500227 BOISSONNEAU,MICHAEL R
DOB: 10/26/59 Age:47Y MR #:273758
Expected Date/Time of Admit:
911 MOOREHOUSE,JOHN D

Baptist HEALTH

AERAS PHYSICIAN ORDER SHEET

Date/Time	TEST	SYMPTOMS		
PROCEDURE SET-UPS				
	☐ Visual Acuity			
	☐ Eye Box	☐ Morgan Lens ☐ Tetracaine	☐ Corneal Burr ☐ Tonopen	☐ Dacriose ☐ Woods Lamp
	☐ Nose Tray	☐ Head Light		
	☐ Dental Box			
	☐ Ortho Box			
	☐ Pelvic Exam			
	☐ Lumbar Puncture			
	☐ NG-Tube			
	☐ Splint			
	☐ Crutch Walking			
	☐ Suture Set-Up			
BEHAVIORAL HEALTH				
	☐ Psychiatric Evaluation/Screening			
	☐ Restraints	See Restraint Order Sheet		☐ 1:1 Seclusion
IV FLUIDS				
	☐ IV Site _ x1 _ x2			
	☐ IV Bolus	☐ _____ X500ml	☐ _____ 1 Liter	☐ _____ 2 Liters
	☐ IV Fluids	_____ at _____ ml/hr	_____ at _____ ml/hr	_____ at _____ ml/hr
	☐ IV Critical Drips	Cardizem	Nitroglycerin	Dopamine
		Nipride	Integrilin	Other

TIME	MEDICATIONS	TIME	MEDICATIONS
			☐ See additional medication order form.

TIME	CONSULTS			
	☐ Primary Physician Time Notified Time Responded	☐ On-Call Specialist Time Notified Time Responded	☐ GMS/FMS/Hospitalist Time Notified Time Responded	☐ Other Time Notified Time Responded

DISPOSITION				
TIME	DISCHARGE	ADMISSION	TRANSFER	EXPIRED
1618	☐ Home	☐ Regular Room #____	☐ Hospital	☐ Coroner Called
	☐ AMA signed unsigned	☐ Telemetry Room #____	☐ Psychiatric/Meadhaven	☐ Death Certificate Signed
	☐ Elopement	☐ Observation Room #___	☐ Other	
	☐ LBMSE	☐ Surgery		
	☐ Work/School Excuse Provided x's ___ Days		☐ Workers Comp Papers Initiated	

PHYSICIAN SIGNATURE: [signature] EXTENDER SIGNATURE:

Certified Medical Emergency ☐ Yes ☐ No Dictation #

ER 160

VITAL SIGNS

Patient Name: BOISSONNEAU
Patient ID: 999999999
Bed Number: ED|CP11

Date Printed: 4 Feb 2007
Time Printed: 17:30
Page: 1 of 1

		4-Feb 14:30	4-Feb 14:45	4-Feb 15:00	4-Feb 15:15	4-Feb 15:30	4-Feb 15:45	4-Feb 16:00	4-Feb 16:15	4-Feb 16:30	4-Feb 16:45	4-Feb 17:00	4-Feb 17:15
HR	bpm	88	86	84	80	80	78	80	80	80	80	82	
PVC	#/min	0	0	0	0	0	0	0	0	0	0	0	
ST-I	mm	-0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.2	
ST-II	mm	0.4	0.4	0.5	0.5	0.5	0.5	0.5	0.5	0.4	0.5	0.6	
ST-III	mm	0.4	0.4	0.4	0.4	0.4	0.3	0.3	0.3	0.4	0.4	0.3	
ST-V1	mm	0.7	0.7	0.9	0.7	0.8	0.7	1.0	0.9	0.6	0.9	0.7	
ST-AVR	mm	-0.2	-0.2	-0.3	-0.3	-0.3	-0.3	-0.3	-0.3	-0.2	-0.3	-0.5	
ST-AVL	mm	-0.3	-0.2	-0.2	-0.2	-0.2	-0.2	-0.1	-0.2	-0.2	-0.2	-0.1	
ST-AVF	mm	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.5	0.5	
NBP-S	mmHg	141		136		138		137		140		157	
NBP-D	mmHg	89		82		87		88		87		101	
NBP-M	mmHg	104		106		102		104		106		120	
NBP-R	bpm	88		80		79		78		79		85	
SPO2	%	99	97	98	97	98	99	99	99	98	98	97	
SPO2-R	bpm	88	86	84	80	80	78	80	80	80	80	84	
RR	breaths/min	17	15	17	18	16	16	20	18	17	16	17	

11

BAPTIST MEDICAL CENTER SOUTH
2105 East South Boulevard
Montgomery, AL 36116
(334) 288-2100

Name:	BOISSONNEAU, MICHAEL R	Account:	B0703500227	Age:	47 years
MR#:	B000273758	Admit:	2/4/07	SS Number:	267-49-1299
Sex:	Male	Room/Bed:		Admitting Physician:	Moorehouse, John D.,
M.D.					
DOB:	10/26/59			Ordering Physician:	Moorehouse, John D.,
M.D.					

Terminal

Routine Hematology

COLLECTION DATE: COLLECTION TIME:	2/4/07 2:30:00 PM		
		REF RANGE	UNITS
WBC	8.1	[4.1-10.3]	X10-3/uL
RBC	4.94	[4.69-6.13]	X 10-6/uL
Hemoglobin	15.7	[13.0-17.5]	gm/dl
Hematocrit	45.8	[40.0-51.0]	%
MCV	93	[81-100]	FL
MCH	32 H	[27-31]	pg
MCHC	34	[32-35]	gm/dl
Platelet Count	300	[140-400]	X10-3/uL
RDW	12.9	[11.5-14.5]	%
NRBC	0.0	[0.0-0.0]	/100 WBC
NRBC Abs	0.0	[0.0-0.0]	X10-3/uL

Automated Differential

COLLECTION DATE: COLLECTION TIME:	2/4/07 2:30:00 PM		
		REF RANGE	UNITS
Neutro Auto	62	[40-75]	%
Lymph Auto	20	[20-53]	%
Mono Auto	11	[0-12]	%
Eos Auto	6	[0-8]	%
Basophil Auto	1	[0-2]	%
Immature Gran Auto	0.5 H	[<=0.0]	%
Neutro Abs	5.0	[1.4-6.5]	#

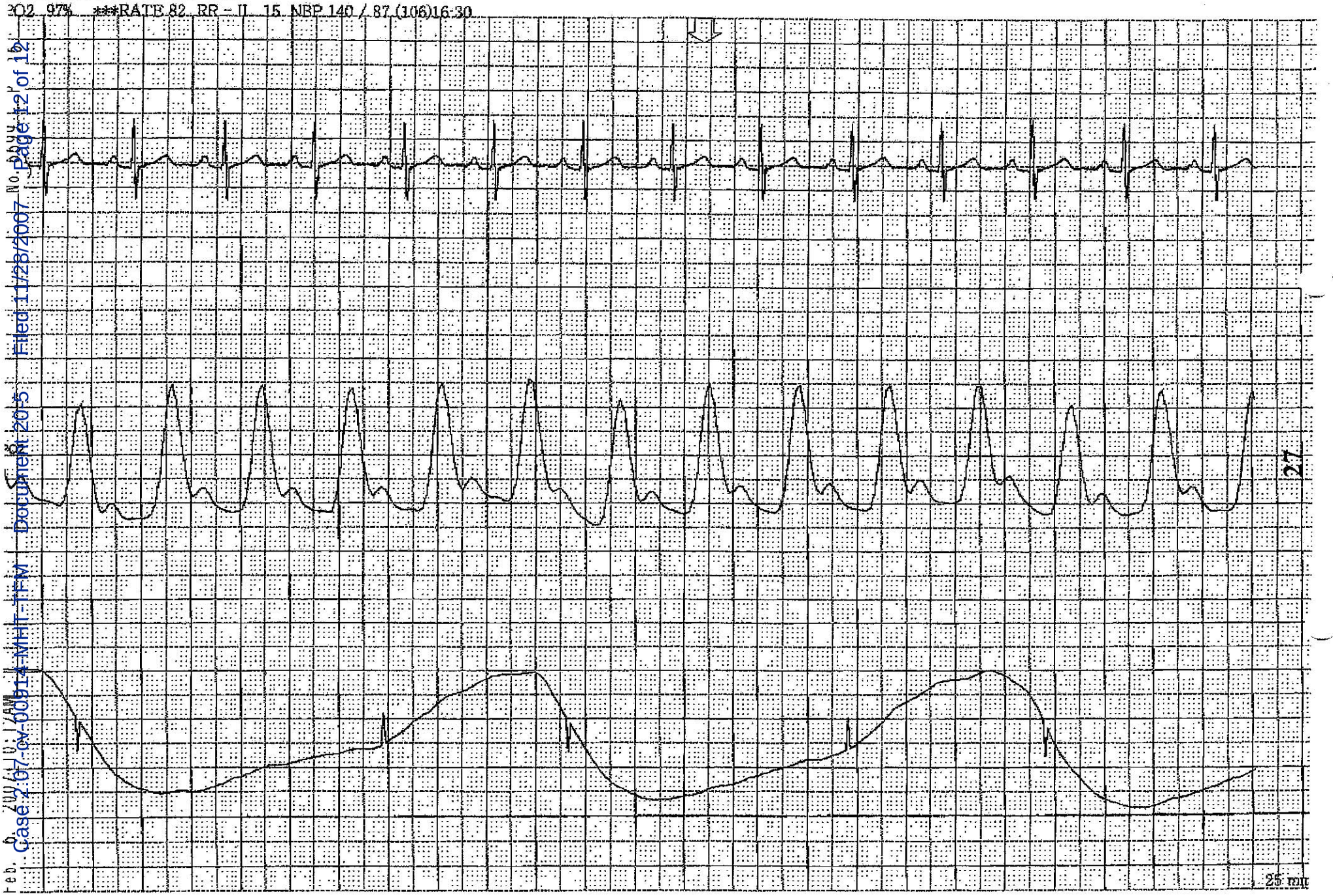
Full Disclosure

OISSONNEAU 999999999 2/4/2007 4:57:28 PM

ED|CP1

R 81 PVC 0 ST V1 0.7 mm

3O2 97% ***RATE 82 RR - II 15 NBP 140 / 87 (106)16:30



GE Medical Systems Information Technologies

CIC Version 4.1.1

Sunday, February 04, 2007 5:31:01 PM

Pa

END OF REP

11

BAPTIST MEDICAL CENTER SOUTH
2105 East South Boulevard
Montgomery, AL 36116
(334) 288-2100

Name: BOISSONNEAU, MICHAEL R
MR#: B000273758
Sex: Male
M.D.
DOB: 10/26/59
M.D.

Account: B0703500227
Admit: 2/4/07
Room/Bed:

Age: 47 years
SS Number: 267-49-1299
Admitting Physician: Moorehouse, John D.,

Ordering Physician: Moorehouse, John D.,

Coagulation

COLLECTION DATE: / COLLECTION TIME:	02/04/07 14:30:00		
		REF RANGE	UNITS
PT	9.4	[8.9-11.8]	Sec
INR	0.92	[0.89-1.19]	
PTT	27	[21-34]	Sec
D-Dimer Advanced i	2.88 H	[0.40-2.50]	mg/L

2/4/07 2:30:00 PM D-Dimer Advanced:
D-Dimer with a result of < 1.0 mg/L
can be used to RULE OUT
the diagnosis of DVT and PE.

MR#: B000273758

Printed: 2/4/2007 2:58 PM
MICHAEL R

Room/Bed: -
Sex: Male
Page 1 of 1

Account: B0703500227
DOB: 10/26/59
Name: BOISSONNEAU,

28

NAME: BOISSONNEAU, MICHAEL R
MR# 273758 EXAM#: DX-07-0014633
DATE: 02/04/2007 AGE: 47 Y
DOB: 10/26/1959 SEX: M
BAPTIST SOUTH
2105 East South Boulevard
Montgomery, Alabama 36116

cp16

NAME: BOISSONNEAU, MICHAEL R
DOB: 10/26/1959
LOC: B-Emerge... RM/BD:
SEX: M AGE: 47 Y
METHOD: Portable PRIORITY: Stat

SPECIAL EQUIPMENT

EXAM: DX Chest Portable

NAME: **BOISSONNEAU, MICHAEL R**
DOB: 10/26/1959
EXAM DATE/TIME: 02/04/2007 14:28
ENTRY DATE: 02/04/2007
ENTERED BY: Dean, Nicole A, UC
REASON/DIAGNOSIS: paresthesia

BUN: 16 02/19/2006
CREATININE: 1.1 02/19/2006
WT:160.40
SPECIAL EQUIPMENT AND INDICATION:

PRIORITY: Stat
MR#: 273758
AGE: 47 Y
SEX: M
ORDERING MD: Moorehouse, John D., M.D.
ATTENDING MD: Moorehouse, John D., M.D.

PREVIOUS EXAM: MR Brain MRI w/ + w/o cont
DATE: 02/21/2006

OTHER EXAMS ORDERED TODAY:

COMMENTS: cp-11

NM AUTHORIZED USER:

DX-07-0014633

NAME: **BOISSONNEAU, MICHAEL R**
MR#: 273758
DOB: 10/26/1959
ORDERING MD: Moorehouse, John D., M.D.
REASON/DIAGNOSIS: paresthesia
EXAM DATE/TIME: 02/04/2007 14:28
PRIORITY: Stat
EXAM: DX Chest Portable
COMMENTS: cp-11

LOC: B-Emergency Dep RM/BD:
AGE: 47 Y SEX: M

39-07-0014633 10/26/1959

DOB: 10/26/1959 SEX: M
BAPTIST SOUTH
2105 East South Boulevard
Montgomery, Alabama 36116

NAME: **BOISSONNEAU, MICHAEL R**
DOB: 10/26/1959
EXAM DATE/TIME: 02/04/2007 14:28
ENTRY DATE: 02/04/2007
ENTERED BY: Dean, Nicole A, UC
REASON/DIAGNOSIS: paresthesia

BUN: 16 02/19/2006
CREATININE: 1.1 02/19/2006
WT:160.40
SPECIAL EQUIPMENT AND INDICATION:
blunt facial trauma.
Rack: dys.

COMMENTS: cp-11

PRIORITY: Stat
MR#: 273758
AGE: 47 Y
SEX: M
ORDERING MD: Moorehouse, John D., M.D.
ATTENDING MD: Moorehouse, John D., M.D.

PREVIOUS EXAM: MR Brain MRI w/ + w/o cont
DATE: 02/21/2006

OTHER EXAMS ORDERED TODAY:

NM AUTHORIZED USER:

CT-07-0005386

NAME: **BOISSONNEAU, MICHAEL R**
MR#: 273758
DOB: 10/26/1959
ORDERING MD: Moorehouse, John D., M.D.
REASON/DIAGNOSIS: paresthesia
EXAM DATE/TIME: 02/04/2007 14:28
PRIORITY: Stat
EXAM: CT Brain w/o contrast
COMMENTS: cp-11

LOC: B-Emergency Dep RM/BD:
AGE: 47 Y SEX: M

28-07-0005386 10/26/1959

Atrophy – No Acute △
Old Rt Parietal Craniotomy

BAPTIST MEDICAL CENTER SOUTH
2105 E. South Blvd
Montgomery, AL 36116
(334) 288-2100

Name: BOISSONNEAU, MICHAEL R

Account: B0703500227

Lymph Abs	1.6	[1.0-4.8]	#
Mono Abs	**0.9 H**	[0.1-0.6]	#
Eos Abs	0.5	[0.0-0.7]	#

[redacted]

Automated Differential

COLLECTION DATE: COLLECTION TIME:	2/4/07 2:30:00 PM		
		REF RANGE	UNITS
Basophil Abs	0.0	[0.0-0.2]	#
Immature Gran Abs	0.0		X10-3/uL
NRBC	0.0	[0.0-0.0]	/100 WBC
NRBC Abs	0.0	[0.0-0.0]	X10-3/uL

11

BAPTIST MEDICAL CENTER SOUTH
2105 East South Boulevard
Montgomery, AL 36116
(334) 288-2100

Name: BOISSONNEAU, MICHAEL R
MR#: B000273758
Sex: Male
M.D.
DOB: 10/26/59
M.D.

Account: B0703500227
Admit: 2/4/07
Room/Bed:

Age: 47 years
SS Number: 267-49-1299
Admitting Physician: Moorehouse, John D.,

Ordering Physician: Moorehouse, John D.,

Chemistry

COLLECTION DATE: COLLECTION TIME:	2/4/07 2:30:00 PM		
		REF RANGE	UNITS
Sodium	140	[135-145]	mmol
Potassium	4.1	[3.5-5.0]	mmol
Chloride	102	[97-112]	mmol

BAPTIST MEDICAL CENTER SOUTH
2105 East South Boulevard
Montgomery, AL 36116
(334) 288-2100

Name: BOISSONNEAU, MICHAEL R
MR#: B000273758
Sex: Male
M.D.
DOB: 10/26/59
M.D.

Account: B0703500227
Admit: 2/4/07
Room/Bed:

Age: 47 years
SS Number: 267-49-1299
Admitting Physician: Moorehouse, John D.,

Ordering Physician: Moorehouse, John D.,

Chemistry

COLLECTION DATE: COLLECTION TIME:	2/4/07 2:30:00 PM		
		REF RANGE	UNITS
Gluc	88	[60-120]	mg/dL
BUN	19	[7-20]	mg/dL
Creat	1.1	[0.6-1.4]	mg/dL
CO2	27	[22-32]	mmol
Calcium	8.7	[8.5-10.5]	mg/dL
Total Protein	8.1	[6.4-8.2]	gm/dl
Albumin	3.5	[2.8-5.0]	gm/dl
Alk Phos	99	[50-136]	u/l
ALT	53	[0-55]	u/l
AST	23	[8-42]	u/l
Bili Total	0.4	[0.0-1.0]	mg/dL

BAPTIST MEDICAL CENTER SOUTH
2105 East South Boulevard
Montgomery, AL 36116
(334) 288-2100

Name:	BOISSONNEAU, MICHAEL R	Account:	B0703500227	Age:	47 years
MR#:	B000273758	Admit:	2/4/07	SS Number:	267-49-1299
Sex:	Male	Room/Bed:		Admitting Physician:	Moorehouse, John D.,
M.D.					
DOB:	10/26/59			Ordering Physician:	Moorehouse, John D.,
M.D.					

Chemistry

COLLECTION DATE:	2/4/07		
COLLECTION TIME:	2:30:00 PM		
		REF RANGE	UNITS
Magnesium	2.0	[1.6-2.4]	mg/dL

B07O3500227 BOISSONNEAU,MICHAEL R
DOB: 10/26/59 Age:47Y MR #:273758
Expected Date/Time of Admit:
911 MOOREHOUSE,JOHN D

46

Baptist Health

EMERGENCY PHYSICIAN RECORD

Neuro Symptoms / Deficit (5)

DATE: ____ TIME: 1355 ROOM: 11 __ EMS Arrival

HISTORIAN: (patient) spouse paramedics ____

__HX / __EXAM UNOBTAINABLE 2° TO: ____

Coming Jail

HPI

chief complaint: weakness (paresthesia) facial droop
difficulty standing / walking falling
impaired speech

started: x 5 days — sudden-onset (constant) intermittent
gone now better (continues in ED)

severity: mild (moderate) severe

context: pt was hit in the head 5 days ago, but was evaluated in the ED and found to have mult. rib fx

character of deficit(s):

new weakness
• RUE RLE LUE LLE R/L facial general (diffuse)

altered sensation
• RUE RLE (LUE) (LLE) R/L facial

vision problem

impaired speech / swallowing • difficult unable

decreased ability to stand / walk
• weak (difficult) off balance cannot walk cannot stand

falling

Usually- (walks w/o assistance) stands for transfers
uses a cane / walker bed-ridden
walks only w/ assistance unable to sit up
unable to walk

associated symptoms:

altered mental status
• disoriented confused agitated trouble concentrating / thinking
decreased responsiveness unresponsive

Usually- (alert, oriented x3) alert but confused
alert but disoriented to time poor alertness

Similar symptoms previously NO

Recently seen / treated by doctor yes seen @ another hospital Dr. told he had mult. rib fx

35

PAST HX negative

stroke / TIA
high blood pressure
seizure disorder
cancer
back injury
heart disease
diabetes insulin / oral / diet
lung disease
migraine headaches
high cholesterol
HIV / AIDS
(CAD)

other problems: Mult rib fx 2° to fight in prison

Surgeries:
CABG
pacemaker
back surgery
cholecystectomy
appendectomy
hysterectomy
tonsillectomy
Mechanical aorta valve

Medications none (see nurses note)
ASA ibuprofen acetaminophen

Allergies NKDA
(see nurses note)

SOCIAL HX recent ETOH smoker drug abuse
nursing home resident

FAMILY HX stroke migraines DM HTN (CAD)

ROS

__HX / __EXAM UNOBTAINABLE 2° TO: ____

NEURO
(headache) throbbing
passed out / seizure
(head injury) + LOC
dizziness
vertigo lightheadedness

PULMONARY
chest pain
palpitations
cough
sputum
(trouble breathing)
chest congestion

CONST
fever
EYES / ENT
trouble w/ vision
sore throat
GI / GU
nausea
vomiting
abdominal pain
diarrhea
black / bloody stools
trouble urinating
SKIN / LYMPH / MS
skin rash / swelling
joint pain
back / neck pain

all systems neg. except as marked

x ____ RN / PA / NP ____ MD
HISTORY RN / PA / NP sign after reviewing with patient

☑ Nursing Assessment Reviewed ☐ Vitals Reviewed

PHYSICAL EXAM

General Appearance

__no acute distress __mild / moderate / severe distress
__alert __lethargic / obtunded
__apneic Bilat occlusions

HEENT

__no apparent trauma __deprsd gag reflex / poor handling of secretion
__ENT inspection nml __pharyngeal erythema / exudate
__pharynx nml __TM erythema / dullness / blood
__airway intact __tenderness / swelling / ecchymosis

NEURO / PSYCH

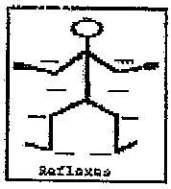
__abnormal response to commands
higher functions *no response eyes open slow inappropriate*
__alert
__oriented x3 __abnormal response to pain
__mood / affect nml *withdraws flexor extensor none*
__aphasic *expressive / receptive*
__disoriented *time / place / person*

cranial nerves-

__facial palsy (R / L)
__normal as tested *forehead: involved spared*
__tongue deviation (to R / L)
__EOM's intact __EOM palsy
__PERRL __unequal pupils
R pupil 4 mm L pupil 4 mm
__abnormal funduscopic / papilledema

cerebellar-

__abnormal Romberg / gait / finger-nose test
__normal as tested
peripheral exam-
__weakness / hemiparesis / hemiplegia / dyspraxia
__no motor deficit
__no sensory deficit
__reflexes nml
__pronator drift (RUE / LUE)
__altered light-touch / pin-prick / 2-pt discrimin.



__Babinski reflex (R / L)

NECK

__cerv. lymphadenopathy
__supple __stiff neck / meningismus
__non-tender __carotid bruit

RESPIRATORY

__resp. distress
__no resp. distress __wheezing
__breath sounds nml __rales / rhonchi
Jentin lower L lat Chg

CVS

__tachycardia / bradycardia / irreg. irreg. rhythm
__reg. rate, rhythm __JVD present
__heart sounds nml __murmur *grade* ___/6 *sys / dias*
__gallop (S3 / S4)
__pulse deficit Dopplerable

GASTROINTESTINAL

__non-tender __guarding
__no organomegaly __hepatomegaly / splenomegaly / mass

SKIN

__cyanosis / diaphoresis / pallor
__color nml, no rash __skin rash
__warm, dry

EXTREMITIES

__pedal edema
__non-tender
__normal ROM
__no pedal edema

Neuro Symptoms Deficit-46

36

LABS, EKG & XRAYS:

CBC	Chemistries		CO2		UA
normal except	*normal except*		Ca		*normal except*
WBC	BUN		Bilirubin		WBC
Hgb	Creat			2.0	RBC's
Hct	Gluc		Magnesium		bacteria
Platelets	Alk Phos		BNP		dip:
segs	ALT		D-Dimer	2.86	
bands	AST		CK		
lymphs	Na		CKMB		
monos	K		Index=		
eos	Cl		Troponin		

EKG MONITOR STRIP __NSR __Rate
__normal __abnormal

EKG __NML ☐ Interp. by me ☐ Reviewed by me Rate
__NSR __nml intervals __nml axis __nml QRS __nml ST/T
not / changed from:

CXR ☐ Interp. by me ☐ Reviewed by me ☐ Discsd w/ radiologist
__nml/NAD __no infiltrates __nml heart size __nml mediastinum
not / changed from:

Head CT nml

Pulse Ox ___% on RA / ___L / ___% at (time)
__normal __abnormal

PROGRESS:

Re-evaluation time 1443 unchanged improved re-examined
Re-evaluation time 1629 unchanged improved re-examined
Re-evaluation time 2215 unchanged improved re-examined

TREATMENT:

MEDICAL DECISION:

__Rx given

__Follow up with

Relinquished care to Dr. Time:

__Discussed with Dr.
will see patient in: office / ED / hospital
__Counseled patient / family regarding:
lab results diagnosis need for follow-up
__Admit orders written

CRIT CARE- *30-74 min* ___ *min*
75-104 min
__Prior records ordered
__Additional history from:
family caretaker paramedics

CLINICAL IMPRESSION:

Transient Ischemic Attack
CVA (Stroke)
hemorrhagic non-hemorrhagic
Bell's Palsy
Intracerebral Hemorrhage
Subarachnoid Hemorrhage
Subdural / Epidural Hematoma
Sepsis / Meningitis / Encephalitis

Bilat patchy pneumonia

DISPOSITION- ☐ home ☐ admitted ☐ transferred
CONDITION- ☐ unchanged ☐ improved ☐ stable

x _____ MD / DO *Resident* x _____ MD / DO *Attending*

☐ *I've reviewed, Patient interviewed, Medical Decision Making, and Examined by Physician.*

O ER
O OP

B0703500227 BOISSONNEAU,MICHAEL R
DOB: 10/26/59 Age:47Y MR #:273758
Admit Date/Time: 02/04/07 1329P
911 MOOREHOUSE,JOHN D

Baptist HEALTH Nursing Chart Long Form

Page 1

Patient Name: _____ Arrival Time: 1310
Family Doctor: None Triage Time: 1311
Bassett

Date: _____ Source: O Patient O Other: _____ Birthdate: _____ Age: ____ O Pediatric (>29 days – 12 years)

Sex: O M O F LMP: _____ Weight _____ kg (Actual) Height _____ Immunization status: _____ Last Tetanus: _____

Allergies: Ø NKA O Latex Allergy Reaction:

CHIEF COMPLAINT/Reason for Visit:

O Return visit Same Day
O Return visit within 72 hours
O Workers Comp

Congestion, (L) side pain. Kid Fx
Numbness

MODE / METHOD OF ACCESS

Arrival Mode:	Entered by:	Patient Admitted from:	Treatment Prior to Arrival:		
O Automobile/Other	Ø Ambulatory	O Home	O None	O O2 Therapy	O IV
O Ambulance / Air	O Wheelchair	O Physician Office	O Ice	O Airway	Ø Medications
Ø Law enforcement	O Stretcher	O Nursing Home	O Dressing(s)	O Intubation	O CPR
O Auto Assist	O Carried	O Hospital	O Splint(s)	O Monitor	O Glucose ____
	O Other	Ø Other	O C-collar/Backboard	O ACLS Protocol	O Decon

VITAL SIGNS TAKEN: O *SITTING* O *LYING* O *STANDING*

Time	Temp	Route	Pulse	Resp	B/P	Pulse Ox
1315	99	PO	93	16	149/94	96%

Orthostatic Vital Signs

Time	>10		
Pulse			
B/P			

PAIN SCALE

Numeric Scale 0=No Pain 10=Worst Pain Imaginable
Ø Pain Intensity Rate: 5 @ rest: ____
O Face Scale: (Faces Scale/Wong & Baker)/ FLACC

0 NO HURT 2 HURTS LITTLE BIT 4 HURTS LITTLE MORE 6 HURTS EVEN MORE 8 HURTS WHOLE LOT 10 HURTS WORST

Onset of pain: last week
Location of pain: (L) side
Quality: stabbing

Level of consciousness: Ø A&O x3 O disoriented to: person / place / time / situation
Ø dementia O decreased LOC O unconscious/comatose

Skin: Ø Warm & Dry O Hot O Cool O Cold O Clammy O Diaphoretic O Pale

Safe in home: Ø Yes O No Intervention:

ADVANCE DIRECTIVES O DNR O LIVING WILL O NONE O Information Given

Past Medical History: O Denies O Unable to Assess

Exposure to: O HIV O Aids O SARS O STD Symptoms: _____

Vaccinations: O Pneumonia O Influenza O Information Provided

Tobacco ___ Pack/day Alcohol ___ drinks/day Substance Abuse _____ O Cessation Advised

Neuro: CVA TIA Migraines Seizures
EENT: Cataract Glaucoma HOH Blind
Cardiac: MI CHF CABG HTN Pacer Dysrhythmia
Pulmonary: Asthma Bronchitis COPD Pneumonia
GI: Ulcers GI Bleed Constipation Diverticulitis
GU: UTI Kidney Stone Prostate Dialysis AV Shunt
GYN: Pregnant now Ectopic
Ortho: Osteo Arthritis Back pain
Endo: Thyroid Diabetes
Cancer: _____
Psychiatric: Depression Alzheimer Autism Parkinson's Bi-polar Schizophrenia Prior Psych Admit Hostile on admission

Trauma Assessment O Yes O No

O Assault O MVC Speed _____
O Stab Impact: Rear / Front / T-Bone
O GSW O Driver O Passenger
O Fire O Front O Rear
O Fall _____ O Airbag O Restrained
O Motorcycle O Bicycle
Helmet O Yes O No
O Other

CURRENT MEDICATION(S) **Meds Disposition:** O Patient O Family O Other

Ø None O See Medication List (attached)
O Narcotics Drug: Count _____

Nurse 1
Nurse 2

TRIAGE INTERVENTION(s): O Ice/Elevation O Dressing/Splint O Glucose ____ O EKG O C-Collar O Respiratory Precautions

Triage Category: ① ② ③ ④ ⑤

Triage disposition time ____ TO O Waiting Room Time _____
Time 1310 O ER Bed ____ O 37 Bed ____ O Hallway Bed ____

Triage Nurse Signature: ID # 20926

Form ER 16002 Rev. 06/13/06

B07O3500227 BOISSONNEAU,MICHAEL R
DOB: 10/26/59 Age:47Y MR#:273758
Admit Date/Time: 02/04/07 1323P
911 MOOREHOUSE,JOHN D

Baptist HEALTH Nursing Chart Long Form

Patient Name: _____

IV Push is medications given in < 16 minutes **MEDICATIONS** ***(Put medications in the same syringe on one line)***

Time	Route: IV Push	IM	SC	PO	Other	Repeat Med	Medication	Dose	Site	Initials	Response to Medication: Time	Pain Scale Other	Initials
	O	O	O	O	O	O							
	O	O	O	O	O	O							
	O	O	O	O	O	O							
	O	O	O	O	O	O							
	O	O	O	O	O	O							
	O	O	O	O	O	O							
	O	O	O	O	O	O							
	O	O	O	O	O	O							

O TD Adult O DT Pedi O Tetanus Toxoid O Rabies O Rabies IG O Other O VAR Completed

Thrombolytics: O Cardiac O Stroke O Vasopressors O Intraosseous Infusion O No response to med required

PARENTERAL THERAPY - IV FLUIDS O IV Pump O Warmed solution O Buritrol

Site	Per Hr IV / KVO / Lock	Start TIME	Stop TIME	Hydration	Medication	Solution/Additive Medication	Rate / Bolus	Repeat Med	Initials
1	Site RAC			O	O			O	
Time	Gauge 18			O	O			O	
1340	Attempts x 1			O	O			O	
	Chrom - page			O	O			O	
2	Per Hr IV / KVO / Lock			O	O			O	
Time	Site _____			O	O			O	
____	Gauge ____ x ____			O	O			O	
3	Per Hr IV / KVO / Lock			O	O			O	
Time	Site _____			O	O			O	
____	Gauge ____ x ____			O	O			O	

INTAKE	Amount	OUTPUT	Amount
Oral		Urine	
IV		Gastric	
Other		Other	
TOTAL		TOTAL	

Response to IV therapy

O Tolerated well, no adverse reaction noted

Blood Transfusion

O Routine O Emergent

Total # of units _____

IV Site at disposition

Time: 1735 Ø Patent Ø Discontinued

O No redness O No swelling Ø catheter intact

Vital Signs O Continuous NIBP (strips attached)

Time	Temp	Pulse	Resp	B/P	Pulse Ox	Glucose Checks	Pain Scale
1530	98°	94	18	138/91	99%		
							38

Titrated Medications O See flow sheet

Time	Med #1	Med #2	Med #3	Initials

PROCEDURES / TREATMENT CARE

EYE
- O Eye Exam – ***NO FB found***
- O FB Eye Exam/Slit lamp
- O FB Eye Exam/No Slit lamp
- O Eye irrigation R L Both

Amount _____

NOSE/EAR
- O Nasal Cautery
- O Nasal packing-anterior
- O Nasal packing-posterior
- O Nasal packing-balloon
- O Ear irrigation (ear wax) R L

Patient Label

- O Procedure "*Time Out*" by: _____

CARDIOLOGY
- O Cardiac monitor
- O EKG – by ED staff
- O Repeat EKG by ED staff
- ◉ Pulse Ox-continuous
- O Central line O < 5yr O ≥ 5yr
- O External pacer
- O Temporary internal pacer
- O Cardioversion (electric)
- O Pericardiocentesis
- O Declot vascular device
- O PICC line O < 5yr O ≥ 5yr
- O Arterial Blood Gas
- O Blood / Needle exposure

GI / GU
- O Straight/quick cath for UA
- O Foley catheter Size_____
- O Bladder irrigation
- O Foley removed
- O Rectal exam O Anoscopy
- O Rectal disimpaction
- O Enema O Repeat x ___
- O NG w/ suction _____
- O NG w/ Lavage _____
- O G-tube replace O Reposition
- O Pelvic Exam
- O Sexual Assault Exam
- O Incontinence Care

RADIOLOGY
- Ø X-Ray preparation
- Ø CT US MRI IVP ___
- O IV contrast O Oral contrast
- O Monitor in radiology / CT

LAB
- Ø Venipuncture (ED Staff)
- Ø Lab Test (any)
- O Specimen collection(not blood)
- O Point of care test
- O Urine Dip O Rapid Strep
- O Central line blood draw
- O Hemocult + –
- O Genital cultures

SPECIAL PROCEDURES
- O Isolation (Medical)
- O Lumbar puncture
- O Epidural blood patch
- O Procedural sedation IV/IM
- O Paracentesis / Dx lavage
- O Hypothermia care
- O Hyperthermia care

BEHAVIORAL MANAGEMENT
- O Psychiatric evaluation
- O Restraints
- O Seclusion or 1:1 obs
- O Involuntary commitment
- O Psychiatric code called

PULMONARY
- O Airway: Oral Nasal O Oxygen Mask Cannula ___ Liters/min O End-tidal CO2 + –
- O Intubation Tube: _____ O Cricothyroidotomy O Thoracentesis (Needle)
- O PTA O ED O Anesthesia O Tracheostomy O Chest tube insertion
- O Rapid sequence induction O Trach Care Tube size: _____ R / L O Bilateral
- O Ventilation assist Bi-Pap C-Pap O Suction Oral/Nasal/Trach O Nebulizer(s) X _____

- O CPR
- O **CODE** Time: _____
- Medical Pediatric Trauma
- O **Code Sheet Completed**
- Trauma team O 1 O 2 O 3

DISPOSITION / OUTCOME

PATIENT PROPERTY: O Sent home O Secured / hospital safe O Patient retains/accepts responsibility O Sent with patient

O Dentures O Glasses O Hearing device O Clothing O Cane O Crutches O Walker O Valuables O Other:

- Ø **Discharged** Time 1740
  - O Nursing Home
  - O AMA / Elopement
  - O LBMSE / LBT
- **Admitted** Time _____ Room_____
  - O Regular Room
  - O Telemetry O ICU / CCU
  - O Surgery O Cath Lab
  - O Psychiatric O Observation
- **Transferred** Time: ___
  - O Hospital
  - O Psychiatric
  - O **Extended Stay** (>4 hours)
- O **Expired** Time: _____
  - O Coroner called
  - O Released to Funeral Home
  - O Organ donation addressed

Notes:

TEACHING / DISCHARGE CARE

CORE MEASURES: O AMI O Pneumonia O Heart Failure O Stroke

Smoking cessation advised O <3 min O ≥3 min
- O Discharge Instruction sheet provided
- O Verbal understanding of discharge / RX
- O Meds dispensed by physician _____
- O Extended patient education

Instruction(s) given to:
- O Patient
- O Parent / Family
- O Friend
- O Other

Discharge Mode:
- O Ambulatory O Carried
- O Ambulance O Crutches
- O Wheelchair O Stretcher

Accompanied by:
- O Self /Parent
- O Spouse O Friend
- O Police O Family
- O Other

O Work/School Excuse (see copy) O Workers Comp Papers Initiated (see copy) O **ED Boarder Time:**

TRIAGE OUT VITAL SIGNS

Time	Temp	Pulse	Resp	B/P	Pulse OX	Pain Scale	FHT
1730	99°	98	18	142/96	97%		

Condition: O improved O uncharged O _____

Triage Out Note: D/C out c security guard, NAD

Signature and Employee ID _____ Initials _____

Admit Report called to: _____ Time: _____

Signature and Employee ID _____ Initials _____

Discharge Nurse and Employee ID P Mannion RN 20926 Initials CM

Patient Label

Airway and C-spine
Ø WNL
O Abnormal

O Clear O Obstructed
O Intubated size _____ cm @ lip _____
O C-spine secured by ED staff

Breath Sounds
O WNL / Clear
Ø Abnormal

	Rales	Rhonchi	Wheezes	Diminished	Absent
R	Ø	O	O	O	O
L	Ø	O	O	O	O

Respiratory
Ø WNL
Ø Abnormal

O Labored O Apneic O Expiratory Grunting
Ø Rapid O Retractions O Cough - Productive
Ø Shallow O Stridor O Cough - Non-productive
O Nasal Flaring O Tracheal deviation O Sputum: color _____

O Home Oxygen ____ L/min

Cardiovascular
Ø WNL
O Abnormal

O Thready/weak O Chest Pain/Tightness O Irregular
O Diaphoresis O Dizziness O Cyanosis
O Arrhythmia_____ O Edema O Pulses X 4

Notes: Monitor Rhythm
O See Strips O ICD

Neurological
Ø WNL
O Not Assessed
O Playful
O Interactive with environment

O LOC O Combative O Lethargic
O Headache O Syncope O Tremors
O Disoriented O Seizures O Vertigo/Dizzy
O Speech difficulty / slurred O Confusion O Unresponsive
O Responds to Voice only O Responds to Pain only O Follows commands
O Change in mental status O Moves all extremities

Notes:
O Seizure precautions
O Neuro vital signs (see NN)
O Glasgow Coma Scale _____
O CVA Protocol (NIH Stroke Scale)

GI
Ø WNL
O Not Assessed

O N / V / D O Cramping O Constipation O Rigid Abd
vomiting x ___ O Pain O Distention O Tender Abd
O BS + - O Bleeding O Weight Loss / Gain O Last BM____

O *Nutritional risk* Yes No
O Dentures Upper Lower
O Meal Given

GU / GYN
Ø WNL
O Not Assessed

O Pregnant O Pain O Freq/urgency O Amenorrhea
G___P___A____ O Distention O Incontinent O Dysmenorrhea
EDC _____ O Hematuria O Flank pain L R O Vaginal Bleeding
O FHTs _____ O Burning O Blood at Meatus O Discharge

Notes:
O Ostomy _____
O Foley size _____
Urine description:

Musculo-skeletal
O WNL
O Not Assessed

Ø Pain (L) wrist
O Swelling R/L hand
O Deformity
O Unable to Assess Gait O Splinting
O Unsteady gait O Weakness
O Assist Device O History of falls

Notes: ***R L Handed***
Gait Device: Cane Walker
Crutches W/C Prosthesis

Integumentary
Ø Intact
O Not Assessed

O Bruises O Wound O Pale O Cyanotic O Jaundice
O Rash O Laceration O Fistula : Location_____
O Abrasions O Lesions O Bruit + - O Thrill + -

Notes:
O Exposure to Chemicals
O Burns

EENT:
Ø WNL
O Not Assessed

O Eye R L Both Pupil size R ___ mm L __ mm Hearing Aid: R L B
O Ear R L Both O Drainage O Itching O Pain
O Nose O Throat O Dental O Congestion O Redness

O Visual Acuity
R 20/____ L 20/____ B 20/____
Glasses Contacts

Psychiatric:
Ø WNL
O Not Assessed

O Memory changes O Delusions O Calm O Suicidal ideations
O Depression O Insomnia O Hostile O Homicidal ideations
O Anxiety O Hallucinations O Agitated ***Plan? Yes No***

Notes:
O Environment secured
O Restraints Present

Suspected: Ø None
O Child/Elder Abuse
O Sexual Assault
O Domestic Violence
O Victim of Violent Crime

Referrals/Reporting:
O Social Service
O Behavioral Health
O Police / Security
O CPS / APS / DHHR
O Animal Bite
O Poison Control
O SART / SANE

Communication Deficit:
Ø No deficit
O Language barrier
O Hearing Impaired
O Uses Sign Language
O Visually Impaired
O Altered Mental Status
O Translator _____
Dominant Language: _____

Developmental Milestones
Ø Achieved O Delayed

Barriers to learning: O None
O Physical limits _____
O Emotional _____
O Cultural _____
O Religious/Spiritual _____
O Suspected low literacy skills
O Developmental disability

Safety measures addressed
Ø Side rails Up O ID Bracelet On
O Risk of falls O Falls Bracelet

Support System:
O Lives Alone
O Family/Significant Other
O Minor w / Parent
O Minor w/o Parent
O Nursing Home
O Assisted Living Home
Ø Other County Jail
Marital Status: Ø M W D

Nurse Signature (Nurse completing assessment) ID# **Time**
C Monica Rutter 20926 1320

%
B0703500227 BOISSONNEAU,MICHAEL R
DOB: 10/26/59 Age:47Y MR #:273758
Expected Date/Time of Admit:
911 MOOREHOUSE,JOHN D

Patient Information

Baptist HEALTH

EMERGENCY DEPARTMENT NURSING NOTES

DATE	TIME	NOTES
2/4/07	1310	pt in c/o numbness & pain to (L) side from possible
		IV, congestion, & other complaints noted / cm
	1355	DR Moorehouse @ bedside, orders received / cm
	1610	Updated on status & plan of care, NAD / cm
	1635	pt unable to urinate, will place in/out cath for
		lab specimen drawn / cm
	1778	Instructed by DR Moorehouse to D/C pt c F/U instruction / cm

Initial	Signature
cm	C Moorehouse RN

FORM # ER 16009 REV. 03/20/05

%

B0703500227 BOISSONNEAU,MICHAEL R.
DOB: 10/26/59 Age:47Y MR#:273758
Expected Date/Time of Admit:
911 MOOREHOUSE,JOHN D

DIS ...ONS - MEDICAL CHART

Baptist HEALTH

ER PRESCRIPTION & DISCHARGE INSTRUCTIONS

Weight	Phone	Allergies	Location SOUTH

MEDICINES PRESCRIBED | If non, check this box: ☐ | **VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.**

Name/Strength;	Number	Schedule / Duration	No Refills	Refills
1.			☐	
2.			☐	
3.			☐	
4.			☐	
5.			☐	

INSTRUCTIONS SHEET(S) GIVEN

☐ Asthma ☐ Back Pain ☐ Cast/ Splint Care
☐ Crutches ☐ Fever ☐ Fracture
☐ Head Injury ☐ Otitis Media ☐ Sprains / Bruises ☐ ST
☐ Threatened Ab ☐ Vomiting / Diarrhea ☐ Wound Care ☐ Other(s)

Return for signs of infection
Increased Redness
Increased Swelling
Increased Drainage
Increased Heat

Additional Instructions:

Referred to:
☐ Dr. _____
Phone:_____
☐ Call on next business day for follow-up appointment in _____days / weeks ☐ Next available

☐ Return to Emergency Dept in _____hours / days for recheck.
☐ If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.
☐ Learning needs assessed ☐ Instructions Modified_____
☐ Education provided on new Medication_____

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I many have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

X _____ ☑ Patient ☐ Relative ☐ Other _____ Time Released: > 1790 Hrs

INSTRUCTED BY: _____ PHYSICIAN: _____

WORK/SCHOOL STATEMENT from the Emergency Department

PATIENT | DATE

☐ Patient was seen by Dr._____
☐ No athletics / physical education: _____days
☐ May return to work/school without restrictions
☐ Will require time off work / school. Estimated time: ____days*
☐ Must be reevaluated by family / occupational physician before returning to school / work.
☐ May return to restricted duties for _____days*
Restrictions:_____
☐ _____was here with relative/child.
☐ Other_____

Time off from school or work longer than three days should be approved by a Personal or Company/Occupational Medicine Physician, unless otherwise stated.

ER0 ... 6699 'ON

FORM # ER 16008 REV. 10/10/06

MW60:01 /007 '0 '6E4

0703500227 BOISSONNEAU,MICHAEL R

Baptist Health

CONDITIONS OF ADMISSION AND CONSENT FOR MEDICAL SERVICES

CONSENT FOR MEDICAL SERVICES: I present myself for medical services at Baptist Medical South, Baptist Medical East or Prattville Baptist Hospital, hereinafter "Baptist Health". I consent to such care as my physician orders an all other persons caring for me deem necessary and beneficial. I understand that this care may include examinations, tests, medical and/or surgical treatment. I also understand that such treatment may involve risks and that no guarantees have been made to me about the outcome of this care. I understand that the physicians on the staff are independent contractors, and not employees or agents of Baptist Health. I understand that I have the right, in collaboration with my physician(s), to make decisions involving my health care and to accept care or to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal.

PERSONAL VALUABLES: I have been asked/advised to either deposit with the business office or otherwise send home all valuables, including but not limited to money, jewelry, rings and watches. I understand that should I choose to retain some with me, that Baptist Health cannot be responsible for them and I hereby release Baptist Health from any responsibility for the loss of my retained valuables.

ASSIGNMENT OF BENEFITS AND FINANCIAL RESPONSIBILITY: I hereby authorize payment of all insurance benefits, basic and major medical, for this period of medical, emergency and/or diagnostic treatments to be made directly to the Baptist Health hospital rendering care, and to all entities contracted with Baptist Health to perform services. I understand that I am financially responsible for all charges not covered by insurance payments, and that all efforts for collection of those benefits are for my convenience and do not represent a guarantee for collection or a credit to my account until such time as payment is received by Baptist Health and the contracted entities. I also assign the benefits payable for physicians' services rendered to me to the physicians or physician group to submit a claim to my insurance company(ies), Medicare and/or Medicaid. I will be responsible for any collection fees, court cost and/or attorney fees incurred while collecting on my account(s). For the purposes of acknowledging this assignment, a copy of this original consent shall be as valid as the original.

IMPORTANT MESSAGE ABOUT MEDICARE INPATIENT RIGHTS - ACKNOWLEDGEMENT OF RECEIPT:
I have received a copy of CMS's Important Message About Inpatient Medicare Rights.

NOTICE OF PRIVACY PRACTICES - ACKNOWLEDGEMENT OF RECEIPT:
I have received a copy of Baptist's Notice of Privacy Practices.

CONSENT FOR PRESENCE OF STUDENTS/MEDICAL REPS:
I hereby consent to the presence of students and/or medical sales representatives, in appropriate circumstances, for the purpose of advancing medical education/techniques.

PATIENT INFORMATION DISCLOSURE:

1. YES, I opt out of the hospital directory NO, I want to be in the hospital directory

2. While hospitalized, my medical/health information may be released to only (circle all that apply):

spouse other relative(s) personal representative

members of immediate family close personal friends none

Witness: _____ Patient or Responsible Party: _____

Date: 2/4/07 Legal Guardian/Proxy: _____

Reason patient signature was not obtained: _____

DATE: 1/30/07

YOUR DIAGNOSIS / CARE NOTES

1. LACERATION (FACE)
2. FRACTURE RIB (LEFT)
3.

Treatment Rendered: BRAIN CT

☒ X-Ray ☐ EKG ☒ Medication ☐ Tetanus
☐ Sutured ☐ Lab Test ☒ Exam ☐ Hypertet

☐ You were given a medication which may make you sleepy or less alert. You should not drive, operate heavy machinery or drink alcohol for 24 hours.

☐ **NO DRIVING TODAY**

☐ You were given a prescription for an antibiotic. Continue to take the medicine until gone unless otherwise instructed, **even if symptoms disappear.**

☐ If your pain is not adequately relieved or you are having persistent nausea or vomiting or excessive drowsiness please call your physician or return to the Emergency Department.

IMPORTANT NOTICE: Your x-ray has been read and reviewed. Final review by the radiologist is pending. Follow up with your primary care doctor for final interpretation.

Follow-up with

☒ Your Doctor or in 5 DAYS

☐ Return to Jackson ED on for REMOVAL

We Are Referring You To:

Dr. _____ Call _____

for an appointment on _____

If you become worse or do not get better in 1 - 2 days see the doctor treating you or return to the emergency department.

Instructions Received By: [signature]

relationship to patient SELF

☒ Voiced understanding of instructions

Patient Left: C Sheriffs

☐ Ambulatory ☐ Crutches ☐ Stretcher
☐ Wheelchair ☐ With Driver ☐ Carried

Cray RN
Discharge Nurse

Specific Instructions:

RX AS ORDERED FOR PAIN

[signature]
Discharge Physician

Certificate for Return to Work or School

☐ NA

Jackson Hospi
Emergency Departm

BOISSONNEAU,MICHAEL R
32-97-47 0703000337 10/26/59 47Y M
EMR - S EMR
ADEDIJI,OLUYINKA S 01/30/07

Has been under my care on ___/___/___ and is able to return to work/school on ___/___/___. The patient's work limitations are: _____

Discharge Physician

Patient Name & Address

BOISSONNEAU,MICHAEL R
32-97-47 0703000337 10/26/59 47Y M
EMR - S EMR
ADEDIJI,OLUYINKA S 01/30/07

ALLERGIES

Check Box if ☐ NKDA

ED Discharge Form

JACKSON HOSPITAL

1725 Pine St | Montgomery AL 36106-1117 | 334-293-8000

check this box ☐

VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND

	Name/Strength	Number	Schedule/Duration	No Refills	Refi
1.	DARVOCET N-100	#14 (SIX TABS)	TID x 5 DAYS	☐	
2.				☐	
3.				☐	
4.					

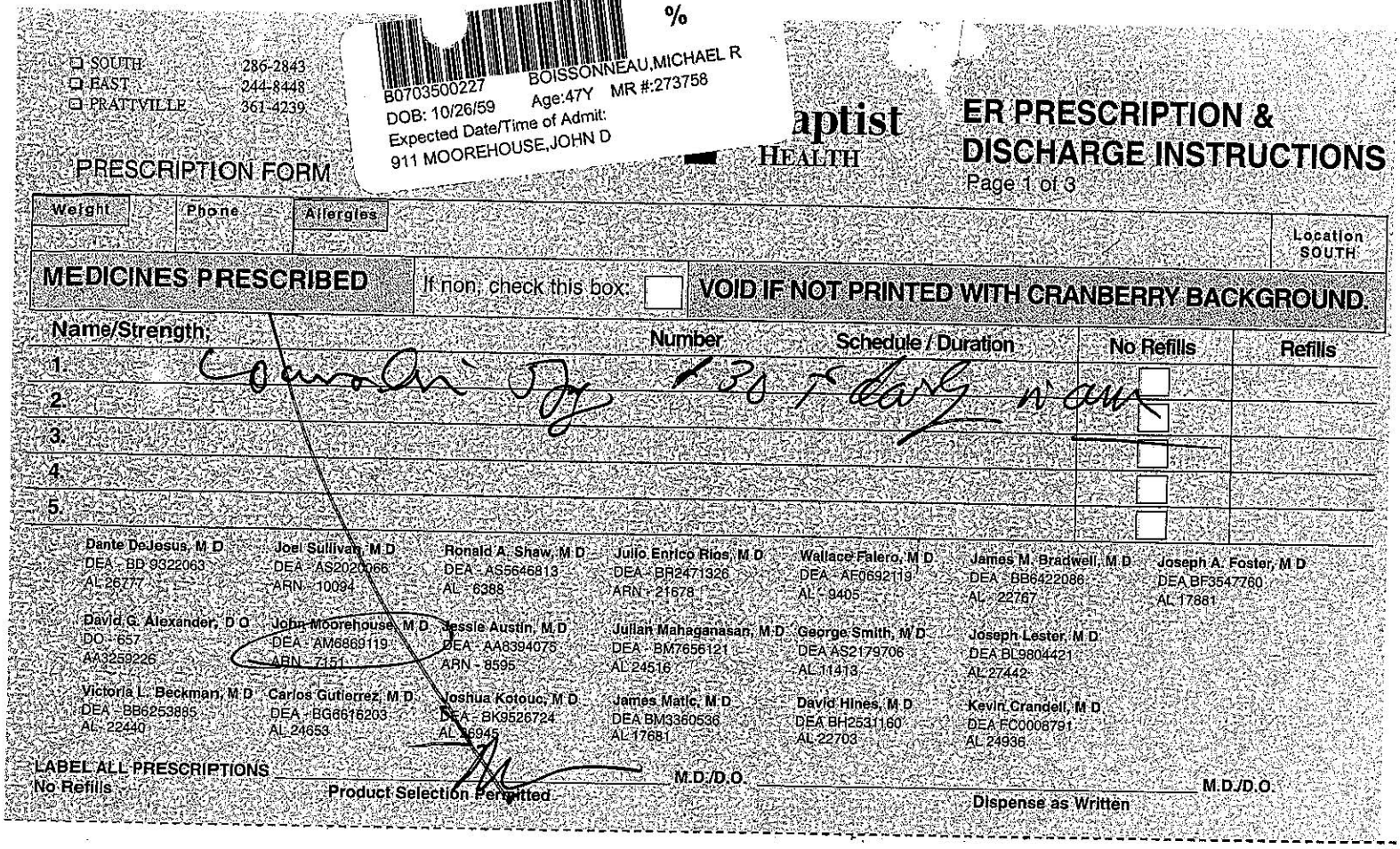
44

Dispense as written - Signature

Substitution allowed - Signature

DI OLUWAFUNKA ADEDIJI
Print Name and DEA#

ED Discharge Form Top - Patient Bottom - Chart 2-5327-2, 12/05



SOUTH 286-2843
EAST 244-8448
PRATTVILLE 361-4239

B0703500227 BOISSONNEAU,MICHAEL R
DOB: 10/26/59 Age:47Y MR #:273758
Expected Date/Time of Admit:
911 MOOREHOUSE,JOHN D

aptist HEALTH

ER PRESCRIPTION & DISCHARGE INSTRUCTIONS
Page 1 of 3

PRESCRIPTION FORM

Weight	Phone	Allergies	Location SOUTH

MEDICINES PRESCRIBED — If non, check this box: ☐ — VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND

	Name/Strength	Number	Schedule / Duration	No Refills	Refills
1.	Coumadin	#30	5 daily x am	☐	
2.				☐	
3.				☐	
4.				☐	
5.				☐	

Dante DeJesus, M D
DEA - BD 9322063
AL 26277

Joel Sullivan, M D
DEA - AS2020066
ARN - 10094

Ronald A. Shaw, M D
DEA - AS5646813
AL - 6388

Julio Enrico Rios, M D
DEA - BR2471326
ARN - 21678

Wallace Falero, M D
DEA - AF0692119
AL - 9405

James M. Bradwell, M D
DEA - BB6422086
AL - 22767

Joseph A. Foster, M D
DEA BF3547760
AL 17681

David G. Alexander, D O
DO - 657
AA3259226

John Moorehouse, M D
DEA - AM6869119
ARN - 7151

Jessie Austin, M D
DEA - AA8394075
ARN - 8595

Julian Mahaganasan, M D
DEA - BM7656121
AL 24516

George Smith, M D
DEA AS2179706
AL 11413

Joseph Lester, M D
DEA BL9804421
AL 27442

Victoria L. Beckman, M D
DEA - BB6253895
AL - 22440

Carlos Gutierrez, M D
DEA - BG6616203
AL 24653

Joshua Kotouc, M D
DEA - BK9526724
AL 26945

James Matic, M D
DEA BM3360536
AL 17681

David Hines, M D
DEA BH2531160
AL 22703

Kevin Crandell, M D
DEA FC0008791
AL 24936

LABEL ALL PRESCRIPTIONS
No Refills

M.D./D.O.

Product Selection Permitted

Dispense as Written

M.D./D.O.

B0703500227 BOISSONNEAU,MI[illegible] L R
DOB: 10/26/59 Age:47Y MR #:273758
Expected Date/Time of Admit:
911 MOOREHOUSE,JOHN D

Baptist HEALTH

ER PRESCRIPTION & DISCHARGE INSTRUCTIONS

DISCHARGE INSTRUCTIONS - PATIENT COPY

Weight	Phone	Allergies	Location SOUTH

MEDICINES PRESCRIBED If non, check this box: ☐ VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.

Name/Strength;	Number	Schedule / Duration	No Refills	Refills
1. Coumadin 5mg	#30	1 daily in am	☐	
2.			☐	
3.			☐	
4.			☐	
5.			☐	

INSTRUCTIONS SHEET(S) GIVEN

- ☐ Asthma
- ☐ Back Pain
- ☐ Cast/ Splint Care
- ☐ Crutches
- ☐ Fever
- ☐ Fracture
- ☐ Head Injury
- ☐ Otitis Media
- ☐ Sprains / Bruises
- ☐ ST
- ☐ Threatened Ab
- ☐ Vomiting / Diarrhea
- ☐ Wound Care
- ☐ Other(s)

Return for signs of infection
Increased Redness
Increased Swelling
Increased Drainage
Increased Heat

Additional Instructions:

Rec'd Dr. Khan's Coumadin
Restart Coumadin
May return to Tart

Pt Prothrombin (INR)
3d + 7d

Referred to:
☐ Dr. _____
Phone: _____
☐ Call on next business day for follow-up appointment in _____days / weeks ☐ Next available

☐ Return to Emergency Dept in _____hours / days for recheck.
☐ If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.
☐ Learning needs assessed ☐ Instructions Modified_____
☐ Education provided on new Medication_____

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I many have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone nu

X _____ ☐ Patient ☐ Relative ☐ Other _____ Time

INSTRUCTED BY: C Morrison RN BSN

PHYSICIAN:

WORK/SCHOOL STATEMENT from the Emergency Department

PATIENT

- ☐ Patient was seen by Dr._____
- ☐ No athletics / physical education: _____days
- ☐ May return to work/school without restrictions
- ☐ Will require time off work / school. Estimated time: ____days*
- ☐ Must be reevaluated by family / occupational physician before returning to school / work.
- ☐ May re
  Restr
- ☐ ____
- ☐ Othe

Time off from school or work longer than three days should be approved by a Personal or Company/Occupational Medicine Physician, unless otherwise state

What about PT & INR
Protime (INR)
3d + 7d
on discharge sheet
Ask Dr. Nichols
about above, please

ER 160

MONTGOMERY COUNTY JAIL
BOISSONEAU, MICHAEL
REPORT DATE : 09/07

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
WARFARIN SODIUM 5 MG TABL COUMADIN 5 MG TABLET TAKE 1 TABLET IN THE MORNING	AM	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

CHARTING FOR 09/01/07 THROUGH 09/30/07 PAGE 1 OF 1

Physician BATES, JOHNNY — Telephone No. — Medical Record No.

Alt. Physician — Alt. Telephone

Allergies CODEINE — Rehabilitative Potential

48 47

Diagnosis

Medicaid Number — Medicare Number — Approved By Doctor: By: Dr Bates lcBailey Title: [illegible] 8/29/07

RESIDENT BOISSONEAU, MICHAEL — D.O.B. 10/26/1959 — Sex — Room # J — Patient Code BOISMICH — Admission Date 00/00/00

REORDER FROM INTEGRAL SOLUTIONS GROUP • 1-800-553-0107 • FORM A300 • STOCK #000-M2

MEDICATION ADMINISTRA..ON RECORD

MONTGOMERY COUNTY JAIL
BOISSONEAU, MICHAEL
REPORT DATE : 08/07

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
WARFARIN SODIUM 5 MG TABL	02/12/08																															
COUMADIN 5 MG TABLET TAKE 1 TABLET IN THE MORNING	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PROPRANOLOL 20 MG TABLET	05/24/08																															
INDERAL 20 MG TABLET TAKE 1 TABLET ONCE DAILY	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	DC'd 6-25-07	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

RECORDER FROM INTEGRAL SOLUTIONS GROUP

HARTING FOR 08/01/07 THROUGH 08/31/07 PAGE 1 OF 1

hysician: BATES, JOHNNY

lt. Physician: BATES, JOHNNY

Telephone No.:

Alt. Telephone:

Medical Record No.:

llergies: CODEINE

Rehabilitative Potential:

49

iagnosis:

Medicaid Number:

Medicare Number:

Approved By Doctor:

By: Title: COLVIN LPN Date: 7/26/07

RESIDENT: BOISSONEAU, MICHAEL

D.O.B.: 10/26/1959

Sex:

Room #: 3A

Patient Code: BOISMICH

Admission Date: 00/00/00

MEDICATION ADMINISTRATION RECORD

MONTGOMERY COUNTY JAIL
BOISSONEAU, MICHAEL
REPORT DATE : 07/07

MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
WARFARIN SODIUM 5 MG TABL COUMADIN 5 MG TABLET TAKE 1 TABLET IN THE MORNING	02/12/08 AM [illegible]
PROPRANOLOL 20 MG TABLET INDERAL 20 MG TABLET TAKE 1 TABLET ONCE DAILY	05/24/08 AM [illegible]
Amoxicillin 500mg 1 PO BIDx10Day 6/27 - 7/07	AM [illegible] PM [illegible]
Motrin 800 mg po bid x3 days	AM [illegible] PM [illegible]

STARTING FOR: 07/01/07 THROUGH: 07/31/07 PAGE 1 OF 1

Physician: BATES, JOHNNY
Physician: BATES, JOHNNY
Telephone No.:
Alt. Telephone:
Medical Record No.:
Allergies: CODEINE
50
Rehabilitative Potential:
Diagnosis:
Medicaid Number:
Medicare Number:
Approved By Doctor: By: Dr Bates [illegible] Title: [illegible] Date: 6/26/07

RESIDENT: BOISSONEAU, MICHAEL
D.O.B.: 10/26/1959
Sex:
Room #: J
Patient Code: BOISMICH
Admission Date: 00/00/00

MEDICATION ADMINISTRATION RECORD

MONTGOMERY COUNTY JAIL
BOISSONEAU, MICHAEL
REPORT DATE : 06/07

MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
WARFARIN SODIUM 5 MG TABL COUMADIN 5 MG TABLET TAKE 1 TABLET IN THE MORNING	02/12/08 AM
Inderal 20mg daily x 3 days 5125 - 6125 07	
Amoxicillin 500mg tid po 2pm - 6/16/07 x 10 days	AM PM
Ibuprofen 800mg bid x 3 days	PM PM
Hold Coumadin for 1 wk until seen by dentist	
Start holding July 1 and Restart Coumadin July 12	

STARTING FOR	06/01/07
THROUGH	06/30/07
PAGE	1 OF 1
Physician	BATES, JOHNNY
Physician	BATES, JOHNNY
Telephone No.	
Alt. Telephone	
Medical Record No.	
Allergies	CODEINE
Rehabilitative Potential	
Diagnosis	
Medicaid Number	
Medicare Number	
Approved By Doctor:	
By:	
Title:	
Date:	
RESIDENT	BOISSONEAU, MICHAEL
D.O.B.	10/26/1959
Sex	
Room #	J
Patient Code	BOISMICH
Admission Date	00/00/00

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MEDICATION ADMINISTRATION RECORD

MONTGOMERY COUNTY JAIL
BOISSONEAU, MICHAEL
REPORT DATE : 05/07

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
WARFARIN SODIUM 5 MG TABL COUMADIN 5 MG TABLET TAKE 1 TABLET IN THE MORNING	02/12/08 AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Inderal 20mg daily x 30dy 5/25 - 6/25/07	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

REORDER FROM INTEGRAL SOLUTIONS GROUP • 1-800-235-0767 FORM A-55 STOCK #506425

CHARTING FOR 05/01/07 THROUGH 05/31/07 PAGE 1 OF 1

Physician: NICHOLS, KEN
Telephone No.:
Medical Record No.:
Alt. Physician: NICHOLS, KEN
Alt. Telephone:
Allergies: CODEINE
Rehabilitative Potential:

52

Diagnosis:
Medicaid Number:
Medicare Number:
Approved By Doctor: By: W. Bates / CAres Title: [illegible] Date: 4/28/07

RESIDENT: BOISSONEAU, MICHAEL
D.O.B. 10/26/1959
Sex:
Room #: J 3A
Patient Code: BOISMICH
Admission Date: 00/00/00

MEDICATION ADMINISTRATION RECORD

MONTGOMERY COUNTY JAIL
BOISSONEAU, MICHAEL
REPORT DATE : 04/07

MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
WARFARIN SODIUM 5 MG TABL 02/12/08 COUMADIN 5 MG TABLET TAKE 1 TABLET IN THE MORNING	AM
Give 5mg (extra) coumadin	
Please D/C protime after last dose of extra coumadin	

REORDER FROM INTEGRAL SOLUTIONS GROUP • 1-800-235-0767 FORM A-55 SIGNA #309843

HARTING FOR 04/01/07 THROUGH 04/30/07 PAGE 1 OF 1

Physician NICHOLS, KEN Telephone No Medical Record No

t. Physician NICHOLS, KEN Alt. Telephone

lergies CODEINE Rehabilitative Potential

iagnosis

53

Medicaid Number Medicare Number Approved By Doctor:

By: Title: Date:

RESIDENT BOISSONEAU, MICHAEL DOB 10/26/1959 Sex Room # J3A Patient Code BOISMICH Admission Date 00/00/00

MONTGOMERY COUNTY JAIL
BOISSONEAU, MICHAEL
REPORT DATE : 03/07

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
WARFARIN SODIUM 5 MG TABL 02/12/08 COUMADIN 5 MG TABLET TAKE 1 TABLET IN THE MORNING	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Give extra 5mg coumadin once a week	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Recheck pertime 4wks		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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CHARTING FOR	03/01/07	THROUGH 03/31/07	PAGE 1 OF 1
Physician	NICHOLS, KEN	Telephone No.	Medical Record No.
Alt. Physician	NICHOLS, KEN	Alt. Telephone	
Allergies	CODEINE	Rehabilitative Potential	
Diagnosis	54		
Medicaid Number	Medicare Number	Approved By Doctor: By: Dr. Nichols/cDees	Title: Lpn Date: 3/1/07
RESIDENT	BOISSONEAU, MICHAEL	D.O.B. 10/26/1959	Sex
Room #	J	Patient Code	BOISMICH
Admission Date	00/00/00		

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Percogesic 20 tabs Bid x 10 days 1-29-07 1-30-07	AM																															
	PM																															
Coumadin 5mg 9am	AM																															
Percogesic 2 tabs PO Bid x 10 days	AM																															
	PM																															
Doxycycline 100mg Bid x 10 days	AM																															
	PM																															

REORDER FROM INTEGRAL SOLUTIONS GROUP • 1-800-235-0787 FORM A-55 STOCK #50042

CHARTING FOR 2-1-07 THROUGH 2-28-07

Physician: Dr. Nichols

Alt. Physician:

Telephone No.:

Alt. Telephone:

Medical Record No.:

Allergies: Codeine

Rehabilitative Potential:

Diagnosis:

55

Medicaid Number:

Medicare Number:

Approved By Doctor:

By: Title: Date:

RESIDENT: Boissonneau Michael D.O.B. 10-26-59 Sex: M Room #: 3A Patient Code: Admission Date:

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Percogesic 2 tabs	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
BID x 10 days		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
[illegible] 2-9-07 1-30-07	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

REORDER FROM INTEGRAL SOLUTIONS GROUP • 1-800-235-0767 FORM A-55 STOCK #[illegible]

CHARTING FOR 1-30-07 THROUGH 1-31-07

Physician Dr Nichols

Telephone No.

Medical Record No.

Alt. Physician

Alt. Telephone

Allergies Codeine

Rehabilitative Potential

Diagnosis

56

Medicaid Number

Medicare Number

Approved By Doctor:

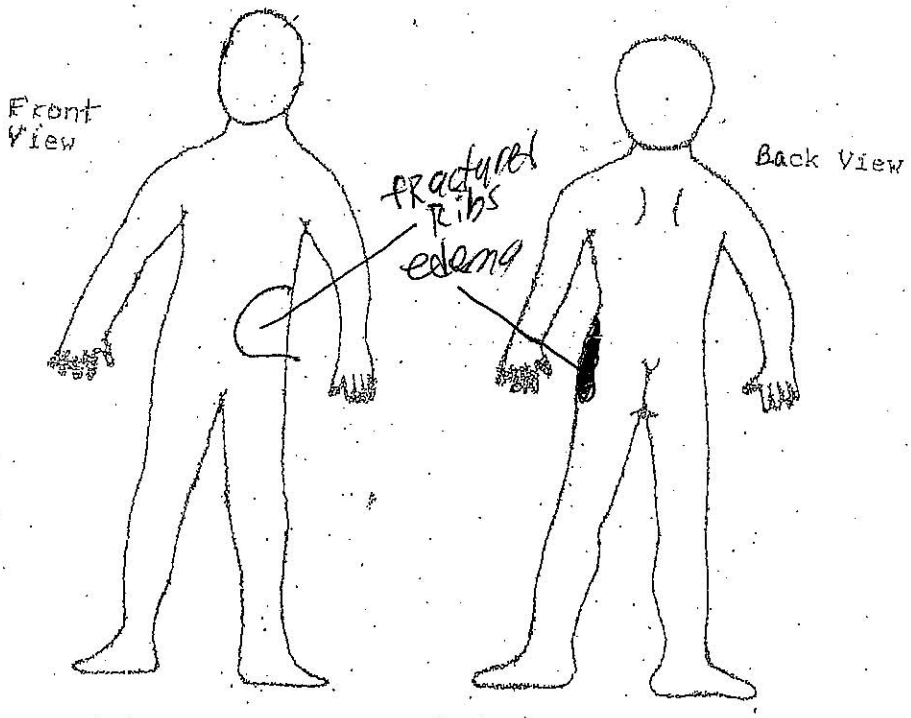
By: Title: Date:

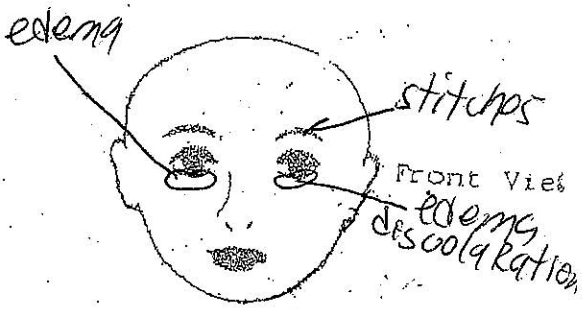
RESIDENT Boissonneau Michael D.O.B. 10-20-59 Sex M Room # Patient Code Admission Date

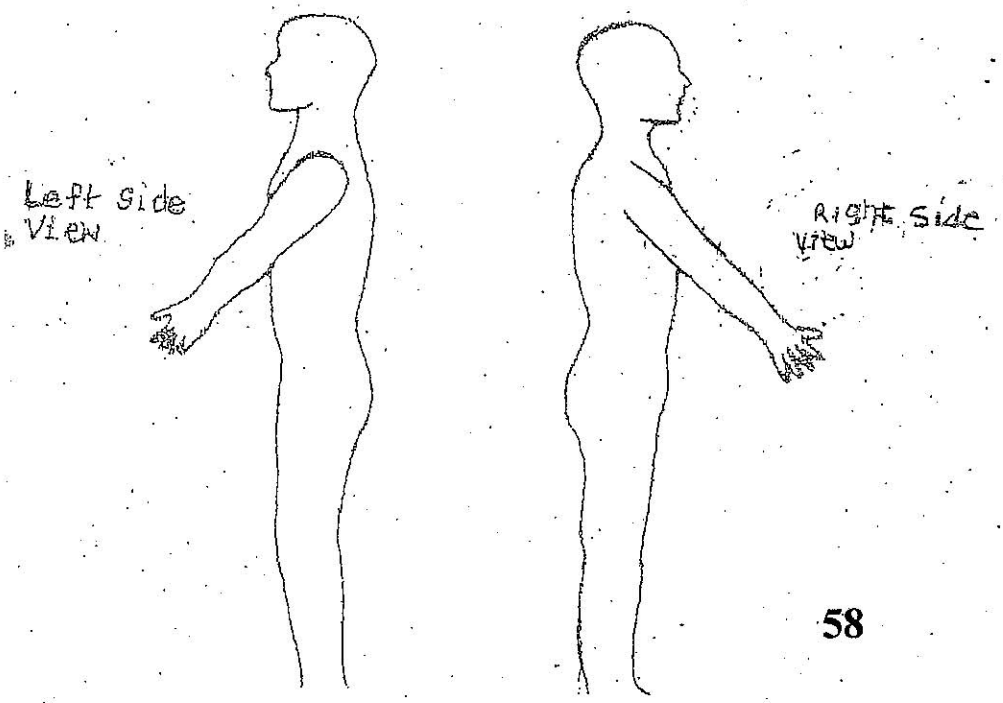
Date/Time	Inmate's Name: Bonneau, Michael D.O.B.: 10-26-59 #267-49-1249
1/30/07 1835	Writer called for Lacerations, I/M reported to have edema to bilateral U eyes c 2 stitches above (L) eye. Dried blood noted on nose & cheeks & bridge of nose. Edema noted to (L) side (R) side of body tender to touch.
2/4/07 1145	On medical c/o coughing up yellow/green sputum c/o sharp pain c deep breath. BP 141/99 P86 R 28 T 98.4 States he was taking smz comprodin q.d. Will have ER Dr. eval Will call ER nurse to give report. Called MTA notified Gave report to Leeanna @ Baptist J. Goodson, RN

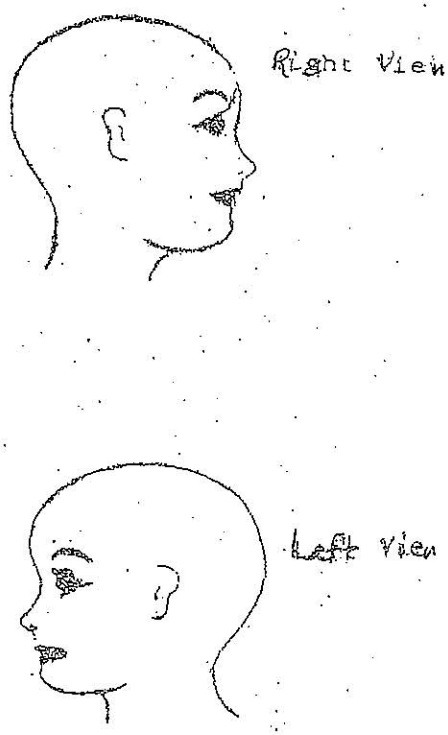
Montgomery County Jail
Inmate Body Chart

Inmate Name: Boissonneau Michael
I/M SS#: 267-99-1299
I/M's DOB: 10-26-1959
Nurse Name: Linda E. Hill
Today's Date: 1-30-07
I/M's Allergies: Codeine









Physician's Orders

Southern Health Partner's, Inc

Inmate Name: Boissoneau, Michael
SS#: 267-49-1899
DOB: 10-26-1959
Allergies: Codeine

Facility: Montgomery County Jail

Date: 1/30/07	Date: 2/4/07 11 AM ~~wait on ER Dr order~~
Percogesic 2 tabs BID x 10 days	~~Amoxicillin 500 mg. caps i po bid x 7 days.~~ 4 po Dr Nichols
M.D. Sig: SIO DR Nichols M.D.	M.D. Sig: A. Loodin RN
Date: 2-4-07	Date: 2/6/07
Coumadin 5mg. 1 daily 9am	percogic 2 p.o. bid x 10 days Doxycycline 100 mg p.o. bid x 10 d. pro time tomorrow.
M.D. Sig: MDCobb	M.D. Sig:
Date: 2/6/07	Date:
I ordered a pro-time was here before & it very important that we get his protime regulated.	on him on 11/2 when he didn't get done - It is
M.D. Sig: (I/m was released)	M.D. Sig: rebooked 1-30-07 - pr.
Date: Remove suture from above lip	Date:
	eye, please.
M.D. Sig:	M.D. Sig:

Note 2-7-07

3/13/07 Give an extra 5mg coumadin once a week.
Rev protime 4 wks

Baptist
288-2100

Southern Health Partners

Corporate Office: 5112 Ringgold Rd., #364, Chattanooga, TN 37412 Phone: (423) 553-6633 Fax (423) 553-5645

PATIENT REFERRAL INFORMATION FORM

This patient is currently incarcerated at the jail facility listed below. Patient has been referred to your ER/Facility regarding his/her symptoms or conditions listed below. All subsequent tests, procedures, and outpatient services other than requested service must be communicated and approved by the medical contact person at the jail facility to ensure justification. Failure to notify the medical contact person may result in reduced benefits and/or possible denial of payment. If hospital admission is necessary, please communicate any and all medical information as well as an anticipated length of stay to our Utilization Review Department at our corporate office at the # listed above. Certification, justification, and/or treatment plan of continued services must be obtained to guarantee payment of the claim. Please, note we have a NO NARCOTIC policy at the jail due to the uncontrolled access to medications within the facility. Please, refer to our site medical staff for formulary adherence. Thank you for your consideration in this matter.

TO BE COMPLETED BY THE MEDICAL STAFF AT THE JAIL/PRISON:

Appt. Date/Time: 2/4/07 Patient's Name (Last/First): Boissoneau, Michael

DOB: 10/26/59 SS#: 267-49-1299 Sex (M) F Inmate Loc: Booking

Housing Facility/Site: Mont. County Jail/#7070 Appt. Destination: BMC South

Appt. Address & Phone #: 2105 E. South Blvd.

Site Medical Contact (RN/LPN): A. Goodson, RN Site Physician: Nichols

Site Medical Unit Phone #: (334) 832-2542 Site Medical Unit Fax #: (334) 832-7768

Reason For Referral: (Include Hx of illness/injury, present and past treatment with patient results, lab and/or x-ray results, findings from physical exam, patient limitations, allergies, medications, etc.)

Alteration c officer resulting in injury Tues or Wed night. Has started c frequent cough (yellow/green sputum c/o pain when he takes a deep breath c chest sound BP 141/99 P&C R 28 T 98.4 States he was taking coumadin 5 mg qd @ home

Service Requested: EVAL TX need INR & orders for meds, please.

TO BE COMPLETED BY THE REFERRAL STAFF AND RETURNED WITH INMATE BACK TO THE FACILITY:

Findings: _____

Planned Treatment: _____

ER/Hospital Physician Orders: _____

ER/Hospital Contact (Include Phone #): _____ Notes: _____

Please, return this form with the correctional staff upon discharge of the patient or fax directly to the site fax # noted above. If inpatient hospitalization is required, medical staff MUST be notified immediately.

Authorization for payment of services is only guaranteed during the time of actual confinement of the inmate under the custody of the above listed jail/prison and under the terms of our County contract.

PROGRESS NOTES

Date/Time	Inmate's Name: Boissneau D.O.B.: S.S. #:
2/6/07	Got arrested a week ago. - was followed home & got arrested & got beat up. Went back to the E.R. 2 days ago. Had Fx ribs. Still on ceomadin 5 mg / day. Has a prod. cough. PE: / lungs - clear x bilat exp wheeze. CV - RRR c valve click. A: Fx ribs Bronchitis S/P AVR Plan → Doxycycline 100 mg bid x 10 days ceomadin 5 mg daily. Percocet q 2 hrd x 10 days. MS

QCHC
PHYSICIAN'S PROGRESS NOTES

DATE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN
5/25/07		S/P - Pt had skull fx as child. Pt to be admitted to the unit in severe pain. Pt is not sure when the accident happened in 2005. X-ray taken prior to this encounter did not show any skull fx.
		O - VS BP 100/60
		HEENT - PERRLA. EOMs intact. Fundi WNL.
		Neck Supple.
		Lungs CTA.
		Heart RRR.
		A1) HTN
		2) Headache ? related to HTN
		(-) Inderal 20mg PO BID Tx HTN
		2

NAME- LAST FIRST MIDDLE DOB

QCHC SICK CALL REQUEST

Check one: ____ Dental ✓ Medical ____ Mental Health

Name: Michael Boisseau Inmate I.D. Number 79628

Social Security No. 267-49-1299

Housing Unit ____

Medical Problem (be specific): Due to the altercation which caused Sevear head injury when being arrested. I have been having numbness arm My left Side. also > V-Seals-bord Dawn loss of vision.

Inmate's Signature Michael Boisseau Date 5/15/07 Time Headache back of neck then

FOR MEDICAL UNIT USE ONLY

S: C/O dizziness / numbness

O: T 98 P 80 RR 18 BP 128/88 WT ____ Pulse Ox 99 %

A: NS WNL. Gait steady. PERRLA. EOM noted. No ↑ or ↓ Ext. S difficulty. No cyanosis noted. Capillary refill > 2sec. No acute distress noted.

P: Will refer to follow-up c MD.

E: ____

Disposition: ____

Nursing Protocol: ____

Provider's Signature: [signature] Date 5/22/07 Time ____

Referred to Physician ☐ Appointment Date 5/25/07 Time ____

Last Boissonneau First Michael Middle Initial

Name Boissonneau Michael

Date Allergies

Inmate #

Facility

SIG.

Held Count for 1 unit until and Low Dentist see entry for 6/26/07

Physician Signature: ✓ noted by E Ogbu LPN 6/28/07

4

Last Boissonneau First Michael Middle Initial

Name Boissonneau Michael

Date 6/26/07 Allergies

Inmate #

Facility

SIG. ① Amoxicillin 500 mg # po bid x 10 days

Noted DMCoLvn

Physician Signature: T.P.O Dr. Bates / DCoLvn LPN

3

Last Boissonneau First Michael Middle Initial

Name Boissonneau Michael

Date 5/25/07 Allergies

Inmate #

Facility

1) Tylenol 20mg ÷ 10 Kmi daily X 30d.

2) CCC ASA chi

noted KBailey LPN

✓

2

RECEIVED 6/24/07 ED

QCHC SICK CALL REQUEST

Check one: ✓ Dental ___ Medical ___ Mental Health

Name: _____ Inmate I.D. Number 79628

Social Security No. _____

Housing Unit 3A

Medical Problem (be specific): I have been having survior headaches / Numbness + Dizzy Spells / Including memory loss. / I told the doctor! / My teeth were knocked out and broke off / Cracked. I have the broken teeth. I have pain on the side of my head. I have seen the medical doctor. He put me on blood pressure pill which have made me sleepy. / which I have told the nurse. Mrs Dee / No change in condition

Inmate's Signature Michael Bozeman Date 6-24-07 Time

FOR MEDICAL UNIT USE ONLY

S: _____

O: T_____ P_____ RR_____ BP_____ WT_____

A: _____

P: _____

E: _____

Disposition: _____

Nursing Protocol: _____

Provider's Signature: _____ Date _____ Time _____

Referred to Physician ☐ Appointment Date _____ Time _____

Montgomery County Detenti[illegible] Facility **[illegible]dical Division Charge Sheet**

Inmate Name: Michael Boissonneau **R/S** W/M **DOB** 10-26-59

Booking No. 79628 **Floor** 1B1 **Cell** _____

SERVICES

___XRay $10.00	1 Doctor Visit $10.00	___Nurse Visit $10.00
___Lab $10.00	___DentistVisit $10.00	___Prescription $3.00

Nursing Staff Signature [signature] LPN **Date** 2-6-07

Inmate Signature [signature] **Date** 2-6-07

White Original: Medical File Yellow Copy: Accounts Manager Pink Copy: Inmate

SEBP 7/06

Montgomery County Detent[illegible] Facility **[illegible]dical Division Charge Sheet**

Inmate Name: Boissoneau, Michael **R/S** W/M **DOB** _____

Booking No. 79628 **Floor** 2A **Cell** _____

SERVICES

___XRay $10.00	✓ Doctor Visit $10.00	___Nurse Visit $10.00
___Lab $10.00	___DentistVisit $10.00	✓ Prescription $3.00

Nursing Staff Signature [signature] LPN **Date** 3/25/07

Inmate Signature [signature] **Date** _____

White Original: Medical File Yellow Copy: Accounts Manager Pink Copy: Inmate

SEBP 7/06

Montgomery County Detention F[illegible]ility **Med[illegible]l Division Charge Sheet**

Inmate Name: Boissonneau, Michael **R/S** W/M **DOB** 10/26/59

Booking No. 79628 **Floor** 3A **Cell** _____

SERVICES

___XRay $10.00	___Doctor Visit $10.00	___Nurse Visit $10.00
___Lab $10.00	___DentistVisit $10.00	X Prescription $3.00

Nursing Staff Signature [signature] LPN **Date** 6/27/07

Inmate Signature [signature] **Date** 6/27/07

White Original: Medical File Yellow Copy: Accounts Manager Pink Copy: Inmate

SEBP 7/06

QCHC SICK CALL REQUEST

Check one: ____ Dental ✓ Medical ____ Mental Health

Name: Michael Boissonneau Inmate I.D. Number 796228

Social Security No. ____

Housing Unit ____

Medical Problem (be specific): My lower back on both sides are giving me pain. I think I have a kidney infection. Thank You for your prompt attention. Also surular headache

Inmate's Signature: Michael Boissonneau Date 6-24-07 Time ____

FOR MEDICAL UNIT USE ONLY

S: C/O of flank pain

O: T 98.6 P 80 RR 16 BP 122/86 WT ____

A: urine results as follows,

P: Amoxicillin 500mg #1 po bid x 10 days (cephalexin)

E: ____

Disposition: ____

Nursing Protocol: ____

Provider's Signature: ____ Date ____

Referred to Physician ☐ Appointment Date ____

124 06-26-07 4:18PM

CLARITY: ____

COLOR: YELLOW

MULTISTIX 10 SG

GLU	NEGATIVE
BIL	NEGATIVE
KET	NEGATIVE
SG	1.015
BLO	LARGE
pH	6.5
PRO	NEGATIVE

QCHC SICK CALL REQUEST

Check one: ____ Dental ✓ Medical ____ Mental Health

RECEIVED JUL 16 CAD

Name: Michael Boissonneau Inmate I.D. Number 79628

Social Security No. ____

Housing Unit 3A - 4

Medical Problem (be specific): I have been taking some kind antibiotics but my lower back pain and right side is getting worse in pain I have been coughing up blood. And my headaches are worse. I have also been running a fever and burning up at night.

Inmate's Signature Michael Boissonneau Date July 5-07 Time ____

FOR MEDICAL UNIT USE ONLY

S: "My lower back hurts"

O: T 98 P 72 RR 18 BP 120/76 WT ____
98%

A: Abd soft non-tender @ BS x4. Mm ape Buly Skin W/D to touch Denies any N/V @ this time. Pt has been ongoing 1-2 weeks.

P: Refer to follow-up & Eval.

E: ____

Disposition: ____

Nursing Protocol: ____

Provider's Signature: [signature] Date 7/11/07 Time ____

Referred to Physician ☐ Appointment Date ____ Time ____

QCHC SICK CALL REQUES

Check one: ____ Dental ✓ Medical ____ Mental Health

Name: Boissneau, Michael Inmate I.D. Number ____

Social Security No. 267-49-1299

Housing Unit ____

Medical Problem (be specific): ✓ Back pain & Abn U/A Results

Inmate's Signature ____ Date ____ Time ____

FOR MEDICAL UNIT USE ONLY

S: Pt c/o chronic c/o right lower back pain.

O: T 98.0 P ____ RR ____ BP ____ WT ____ Pulse Ox ____ %

Back ROM wnl c/o right lower back pain. Pt ambulates
5 days ago.

A: 1) Low Back Pain ?

2) Pt is to will RTC a urinal urine

P: 1) Urinal urine.

E:

Disposition:

Nursing Protocol:

Provider's Signature: ____ Date ____

Referred to Physician ☐ Appointment Date ____ Time ____

Boissneau, Michael
145 07-18-07 11:43AM
CLARITY: Clear
COLOR: YELLOW

MULTISTIX 10 SG

GLU	NEGATIVE
BIL	NEGATIVE
KET	NEGATIVE
SG	>=1.030
BLO	NEGATIVE
pH	5.5
PRO	30 mg/dL
URO	0.2 E.U./dL
NIT	NEGATIVE
LEU	NEGATIVE

7/19/07

Observed urine

QCHC SICK CALL REQUEST

Check one: ___ Dental ✓ Medical ___ Mental Health

Name: Michael Boseman Inmate I.D. Number 79628

Social Security No. ___

Housing Unit 3A -4

Medical Problem (be specific): My Lower back and left side is hurting real bad. And I have been having serious headache and memory lost. Dizzy spells blacking out and loss of vision. I may have a Kidney Infect

Inmate's Signature Michael Boseman Date ___ Time ___

FOR MEDICAL UNIT USE ONLY

S: Pt alert oriented x3 al c no distress. Does not appear to be in acute pain. Pt c/o lower extremities.

O: T 98.5 P 86 RR ___ BP 144/90 WT ___ Pulse Ox ___ %

HEENT- PERRLA. Conjunctiva. Fundi. Both- EOMI no nystagmus. Right lung sounds DTR's nl. Neurologic exam nl. Speech and gait nl. Memory nl.

A: 1) Pt has no medical emergent status at this time.

P: 1) Pt to continue current medications

2) BS

E:

Disposition:

Nursing Protocol:

Provider's Signature: ✓ Date 7/30/07 Time ___

Referred to Physician ☐ Appointment Date ___ Time ___

Last First Middle Initial

Name _____ Inmate # _____

Date _____ Allergies _____ Facility _____

SIG.

Physician Signature: 4

Last First Middle Initial

Name _____ Inmate # _____

Date _____ Allergies _____ Facility _____

SIG.

Physician Signature: 3

Last Bozeman First Michael Middle Initial

Name _____ Inmate # _____

Date 7/30/07 Allergies _____ Facility _____

SIG.

1) BS

2) UA (Urine dip)

Physician Signature: 2

Last Bozeman First Michael Middle Initial

Name _____ Inmate # _____

Date 7/14/07 Allergies _____ Facility _____

SIG.

Rept Urine Witnessed

Physician Signature: 1

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

MICHAEL RONNIE BOISSONNEAU,	*	
	*	
Plaintiff,	*	
	*	**Civil Action No.**
vs.	*	**2:07-cv-914-MHT**
	*	
DAVID TIBBS, etc., et al.,	*	
	*	
Defendants.	*	

SPECIAL REPORT

COMES NOW the Defendant D. T. Marshall, Sheriff of Montgomery County, Alabama, and submits the following Special Report to this Court.

DOCUMENTS

Affidavit of D.T. Marshall

Affidavit of Gina M. Savage

PLAINTIFF'S ALLEGATIONS

In Count I and II of the Complaint, Plaintiff asserts claims for excessive force, and unlawful arrest and search against Defendant Tibbs. In Count III of the Complaint, Plaintiff asserts a claim against Sheriff D.T. Marshall and the Staff at the Montgomery County Detention Facility for deliberate indifference to medical needs. Plaintiff claims that when he was incarcerated at the Montgomery County Detention Facility on January 30, 2007, he was not examined by medical personnel, and he was made to sleep on a mattress on the floor. He further claims that he was denied medical treatment for a period of two weeks. (Complaint, p. 2) Plaintiff seeks monetary damages and injunctive relief against the Defendant Marshall.

FACTS

Plaintiff Michael Ronnie Boissonneau, a pre trial detainee, was booked into the Montgomery County Detention Facility on January 30, 2007, charged with Reckless Endangerment, Assault II and Resisting Arrest. (Gina Savage Affidavit, ¶ 3) Bond was fixed at $6,500.00. (Id.) Charges of Escape I were added and his bond was increased to $7,500.00.(Id.)

When Plaintiff was booked into the facility at 1630 hours on January 30, 2007, the Lieutenant on duty was advised that Plaintiff had suffered injuries during his arrest and that he had been treated at Jackson Hospital Emergency Room. (Gina Savage Affidavit, ¶ 3; Incident Report attached thereto, pp. 1-2; medical record attached thereto, p. 44) The arresting officer presented the medical discharge paperwork. (Id.) The medical nurse on duty reported to booking to examine Plaintiff at 1835 hours. (Gina Savage Affidavit, ¶ 3; Nurses notes attached thereto, pp. 3-4) The nurse's notes indicate that Plaintiff suffered edema to bilateral eyes with 2 stitches above left eye. (Id.) His face and nose were red with dried blood on his nose and checks. (Id.) Edema was also noted on the left side of back with discoloration. (Id) His eyes and the left side of his body were also tender to touch. (Id.) After being examined, Plaintiff was placed in a holding cell. (Gina Savage Affidavit, ¶ 4) At approximately 2130 hours he was showered and dressed in facility clothing. (Gina Savage Affidavit, ¶ 3; Incident Report attached thereto, p. 1)

Plaintiff was seen by Dr. Nichols of Southern Health Partner's, Inc., on January 30, 2007, and was prescribed Percogesic for rib fractures. (Gina Savage Affidavit, ¶ 4; medical record attached thereto, p. 59) Plaintiff was examined again on February 4, 2007,

and then transported to Baptist ER on February 4, 2007, for follow-up. (Gina Savage Affidavit, ¶ 4; Nurse's notes attached thereto, p. 57; records from Baptist Health, pp. 17-46, 60) Numerous lab tests were conducted and reviewed by medical personnel with normal results. (Gina Savage Affidavit, ¶ 4; medical records attached thereto, pp. 21-34) On February 6, 2007, Plaintiff was prescribed Doxycycline for bronchitis and continued on Coumadin, which he was taking prior to entering the facility. (Gina Savage Affidavit, ¶ 4; medical record attached thereto, pp. 59, 61)

Upon being booked into the facility, Plaintiff was housed in a first floor holding cell for medical observation. (Gina Savage Affidavit, ¶ 4) He was observed continuously by medical personnel and detention facility staff until February 12, 2007, when he was removed from the first floor holding cell and placed in general population. (Id.; observation notes attached thereto, pp. 8-15)

Plaintiff was seen by medical personnel on March 13, 2007. (Gina Savage Affidavit, ¶ 4; medical record attached thereto, p. 59) Plaintiff submitted sick call requests for miscellaneous medical complaints and was seen by medical personnel on May, 25, 2007, June 26, 2007, July 11, 2207, July 18, 2007, and July 30, 2007. (Id., see also medical records attached thereto, pp.62-71) Plaintiff did not file a grievance or complaint regarding lack of medical treatment while incarcerated at the Montgomery County Detention Facility. (Gina Savage Affidavit, ¶ 5) Plaintiff was released from the Montgomery County Detention Facility on November 15, 2007. (Gina Savage Affidavit, ¶ 6) He was never denied medical treatment while incarcerated in the Montgomery County Detention Facility. (Id.) It is the policy of the Montgomery County Detention Facility that every effort will be made on the part of facility personnel to

ensure safe custody, decent living conditions, and fair treatment for all inmates. (D. T. Marshall Affidavit, ¶ 3) The total daily operations of the Montgomery County Detention Facility are the responsibility of the Director of the Montgomery County Detention Facility. (Id. at ¶ 2)

Sheriff Marshall has never had any contact with the Plaintiff and has no knowledge of the Plaintiff's medical treatment or medical condition while incarcerated at the Montgomery County Detention Facility. (D.T. Marshall Affidavit, ¶ 3) Montgomery County has contracted with an outside medical services company to provide medical treatment to the inmates at the facility. (Id. at ¶ 3)

DEFENSES

1. The Complaint fails to state a claim against Defendant Marshall upon which relief can be granted.

2. Defendant did not violate any of the Plaintiff's constitutional rights afforded him under law.

3. Defendant is entitled to immunity under the Eleventh Amendment to the United States Constitution with respect to Plaintiff's claims against him in his official capacity.

4. All official capacity claims against Defendant Marshall must be dismissed because in his official capacity, Defendant is not considered a "person" subject to liability under 42 U.S.C. § 1983.

5. Defendant is entitled to qualified immunity with respect to Plaintiff's claims against him in his individual capacity.

6. Defendant avers that he acted in a manner that was in accordance with previous court rulings regarding the operation of the Montgomery County Detention Facility.

7. Defendant avers that the prison regulations in question were reasonably related to legitimate penological interests.

8. Defendant avers that Plaintiff's claim for deliberate indifference to serious medical needs is due to be dismissed because Plaintiff was afforded more than adequate medical care while incarcerated at the Montgomery County Detention Facility.

9. Plaintiff's claim for emotional distress is due to be dismissed because Plaintiff has not suffered any physical injury as a result of living conditions at the Montgomery County Detention Facility.

10. Plaintiff's claims are due to be dismissed because he failed to exhaust administrative remedies.

11. Plaintiff has failed to satisfy the requirements for injunctive relief therefore all claims for injunctive relief are due to be dismissed.

MEMORANDUM OF LAW

A. Official Capacity Claims.

Plaintiff's claims against Defendant Marshall in his official capacity must be dismissed because he is entitled to immunity pursuant to the Eleventh Amendment to the United States Constitution. The Eleventh Amendment prohibits suits in federal court against States and state officials in their official capacities. *Kimel v. State of Florida Bd. of Regents,* 139 F.3d 1426, 1429 (11th Cir. 1998); *Parker v. Williams,* 862 F.2d 1471 (11th Cir. 1989). Under Alabama law, sheriffs are state officers, and tort claims brought

against sheriffs based on their official acts constitute suits against the State of Alabama. *Lancaster v. Monroe County*, 116 F.3d 1419, 1429 (11th Cir. 1997); *Parker v. Williams*, 862 F.2d 1471 (11th Cir. 1989), *rev'd on other grounds, Turquitt v. Jefferson County*, 137 F.3d 1285 (11th Cir. 1998).

Plaintiff's claims against Defendant Marshall in his official capacity under 42 U.S.C. §1983 should also be dismissed because in his official capacity, Defendant is not considered a "person" subject to liability under 42 U.S.C § 1983. *Will v. Michigan Dept. of State Police*, 491 U.S. 58, 109 S.Ct. 2304, 105 L.Ed. 2d 45 (1989); *Adams v. Franklin*, 111 F.Supp.2d 1255 (M.D.Ala. 2000).

B. Qualified Immunity.

For liability under § 1983, specific acts of personal involvement in the deprivation must be shown. *Respondeat superior* liability is not cognizable under § 1983. *Braddy v. Florida Dep't. of Labor & Employment Sec.*, 133 F.3d 797, 801 (11th Cir. 1998); *Smith v. State of Alabama*, 996 F.Supp. 1203, 1212 (M.D.Ala. 1998). If the complaint does not allege that a defendant personally participated in the alleged constitutional deprivation, it should demonstrate an affirmative causal connection between the defendant's acts and the alleged constitutional deprivation in order to state a cause of action under § 1983. *Braddy*, 133 F.3d at 801-802; *Smith*, 996 F.Supp. at 1212.

The Eleventh Circuit has also imposed a "heightened pleading requirement" on plaintiffs when evaluating claims of qualified immunity. *GJR Investments, Inc. v. County of Escambia*, 132 F.3d 1359, 1367 (11th Cir. 1998). This requires that the plaintiff's complaint contain detailed allegations and specific facts concerning each defendant, which indicates what each defendant did to violate the plaintiff's rights.

"Otherwise, the court must conclude that the named defendants, sued in their individual capacities, are entitled to qualified immunity from claims under both §§ 1981 and 1983." *Smith v. State of Alabama*, 996 F.Supp. 1203, 1212 (M.D.Ala. 1998).

Plaintiff's Complaint fails to set forth any facts of any personal involvement of Defendant Marshall in the alleged constitutional deprivations complained of by Plaintiff. There is also no allegation demonstrating a causal connection between the alleged acts or omissions of Defendant Marshall and the Plaintiff's alleged injuries. It further appears that Sheriff Marshall is sued solely because he had supervisory authority over the Detention Director and personnel at the detention facility. Because there are no facts demonstrating any personal involvement by Defendant Marshall, he is entitled to qualified immunity.

"Qualified immunity protects government officials performing discretionary functions from civil trials (and the other burdens of litigation, including discovery) and from liability if their conduct violates no "clearly established statutory or constitutional rights of which a reasonable person would have known." *Gonzales v. Lee County Housing Authority*, 161 F.3rd 1290, 1295 (11th Cir. 1998). Defendant was acting within the scope of his discretionary authority, and the burden is therefore on the Plaintiff to demonstrate that Defendant's actions rise to a constitutional violation, and that Defendant violated clearly established law. *Hope v. Pelzer*, 536 U.S. 730 (2002). "The relevant, dispositive inquiry in determining whether a right is clearly established is whether it would be clear to a reasonable officer that his conduct was unlawful in the situation he confronted." *Saucier v. Katz*, 533 U.S. 194, 202 (2001). The applicable law "must be sufficiently clear that a reasonable official would understand that what he is doing

violates that right." *Anderson v.Creighton,* 483 U.S. 635, 640 (1987). In determining whether the unlawfulness of an official's actions was clearly established, "the salient question . . . is whether the state of the law [at the time of the unconstitutional act] gave [the official] fair warning that [his] alleged treatment of [the plaintiff] was unconstitutional." *Williams v. Consol. City of Jacksonville,* 341 F.3d 1261, 1270 (11th Cir. 2003) *quoting Hope,* 536 U.S. at 741. Plaintiff cannot meet this burden; therefore, his claims should be dismissed.

Defendant is also entitled to qualified immunity because Plaintiff has failed to allege or demonstrate a constitutional violation. In evaluating the defense of qualified immunity, the court must first determine whether the complaint states a claim for a constitutional violation. *Siegert v. Gilley*, 500 U.S. 226 (1991).

Deliberate Indifference to Serious Medical Needs.

In *Farmer v Brennan,* 511 U.S. 825, 837 (1994), the Supreme Court held that the standard of deliberate indifference equated to that of "subjective recklessness" as that term is defined in criminal law. The official must know of an excessive risk to inmate health and disregard that risk. *Id*. at 837-383. In other words, the "official must both be aware of facts from which the inference could be drawn that a substantial risk of serious harm exists, and he must also draw the inference." *Id*. An official's failure to respond to a significant risk that he should have perceived but did not is not deliberate indifference. *Id.* Summary judgment must be granted for the official unless the plaintiff presents evidence of the official's "subjective knowledge" of a substantial risk of serious harm. *Campbell v. Sikes,* 169 F.3d 1353, 1364 (11th Cir. 1999). In addition, "[m]edical treatment violates the Eighth Amendment only when it is 'so grossly incompetent,

inadequate, or excessive as to shock the conscience or to be intolerable to fundamental fairness.' Mere incidents of negligence or malpractice do not rise to the level of constitutional violations." *Harris v. Thigpen,* 941 F.2d 1495, 1505 (11th Cir. 1991).

In the present case, there is no allegation that Defendant Marshall had any knowledge of the Plaintiff's medical condition, and that with knowledge of this condition, Defendant Marshall knowingly or recklessly disregarded Plaintiff's alleged medical condition by failing or refusing to provide medical attention. The undisputed evidence is that Plaintiff did in fact receive medical treatment. It is also undisputed that Defendant Marshall had no knowledge of Plaintiff's medical condition and was not involved in Plaintiff's medical treatment. (D.T. Marshall Affidavit, ¶ 3) Plaintiff's deliberate indifference claims against Defendant Marshall should therefore be dismissed.

C. Failure to allege physical injury.

Pursuant to the Prison Litigation Reform Act, 42 U.S.C. §1997e(c)(1), the court, on its own motion, shall dismiss a case challenging prison conditions if the court determines that an action is frivolous or fails to state a claim on which relief may be granted. 42 U.S.C. §1997 e(e) provides that "[n]o federal civil action may be brought by a prisoner confined in a jail, prison or other correctional facility, for mental or emotional injuries suffered while in custody without a prior showing of physical injury." These provisions were enacted by Congress to control and curtail the flood of inmate suits that are filed in the courts. *See Dupree v. Palmer*, 284 F.3d 1234, 1236 (11th Cir. 2002)("The purpose of the PLRA is to curtail abusive prisoner litigation.") In accordance with this provision, the PLRA prevents recovery "for mental or emotional injury . . . without a

prior showing of physical injury." 42 U.S.C. § 1997e(e). *See also, Mitchell v. Brown & Williamson Tobacco Corp.*, 294 F.3d 1309, 1312 (11th Cir. 2002).

The Plaintiff was incarcerated at the MCDF at the time he filed this lawsuit. Plaintiff alleges no physical injury as a result of the living conditions at the Montgomery County Detention Facility. He merely alleges that he he had to sleep on a mattress on the floor and makes a generalized, conclusory allegation that he was denied medical treatment. Because Plaintiff has failed to allege a physical injury, his claims should be dismissed.

D. Failure to exhaust administrative remedies as to claims regarding prison conditions.

Under the Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), inmates must exhaust their administrative remedies before filing suit against prison officials. The exhaustion requirement of the PLRA is a "mandatory exhaustion requirement." *Alexander v. Hawk*, 159 F. 3d 1321, 1324 (11th Cir. 1998). The Eleventh Circuit has held that the exhaustion of administrative remedies under the PLRA is a **"pre-condition to suit."** *Id.* at 1325-1326; *see also Harris v. Garner*, 190 F. 3d 1279, 1286 (11th Cir. 1999)("For the reasons stated therein, we reaffirm that § 1997e(a) imposes a mandatory requirement on prisoners seeking judicial relief to exhaust their administrative remedies first"); *Brown v Toombs*, 139 F.3d 1102, 1104 (6th Cir. 1998), *cert. denied*, 522 U.S. 833 (1998)("District courts should enforce the exhaustion requirement *sua sponte* if not raised by the defendant.") Plaintiff's Complaint fails to allege that he exhausted his administrative remedies prior to filing this lawsuit against the Defendants. Defendant has also provided undisputed testimony that Plaintiff did not file any grievance regarding the

alleged lack of medical treatment while he was at the detention facility. Plaintiff's Complaint should therefore be dismissed.

E. Claims against Fictitious Defendants.

Plaintiff also appears to assert claims against fictitious parties as evidenced by the fact he has named as Defendants "D. T. Marshall, et al." (Complaint, p. 2) Some of the Plaintiff's allegations in the body of the Complaint also appear to be directed against fictitious defendants. Plaintiff's description of these Defendants is not sufficiently clear to allow service of the Complaint on any particular person. It appears that Plaintiff merely seeks to name fictitious defendants which is not allowed under the Federal Rules of Civil Procedure. *See, e.g., New v. Sports & Recreation, Inc.* 114 F.3d 1092, 1094 n. 1 (11th Cir. 1997); *Adams v. Franklin*, 111 F. Supp.2d 1255, 1259 n. 3 (M.D. Ala. 2000). All claims against fictitious defendants should therefore be dismissed.

Respectfully submitted this 28th day of November, 2007.

s/Constance C. Walker
Constance C. Walker (ASB-5510-L66C)
Attorney for Defendant D. T. Marshall

OF COUNSEL:

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CERTICATE OF SERVICE

I hereby certify that on the 28th day of November, 2007, I electronically filed the foregoing with the Clerk of the Court using the **CM/ECF** system that will send notification of such filing to the following counsel:

Bettie J. Carmack
Assistant Attorney General
Office of the Attorney General
11 South Union Street
Montgomery, Alabama 36130

Wayne P. Turner
The Law Office of Wayne P. Turner
Post Office Box 152
Montgomery, Alabama 36101-0152

CERTIFICATE OF SERVICE

I hereby certify that I have served the foregoing document upon the following by causing a true and complete copy of same to be deposited in **the United States Mail,** sufficient first class postage prepaid, on this the 28th day of November, 2007, addressed as follows:

Michael Ronnie Boissonneau
3000 Lower Wetumpka Road
Deatsville, Alabama 36022

/s/Constance C. Walker
Of Counsel